

## Jean Simpson Personnel Clerical/Professional Pre-App:

Please complete the following to make sure we connect you with the appropriate department

Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the best phone number in which to reach you: \_\_\_\_\_

Do you have a current resume with you?      No      Yes

Are you currently working?      No      Yes – Please answer the following:

- Does your current employer know you are seeking employment elsewhere?      No      Yes
- How much notice do you need to give your current employer? \_\_\_\_\_

Are you currently attending school?      No      Yes – Please answer the following:

- What days/hours are you in class? \_\_\_\_\_
- Have you obtained a college degree?      No      Yes – Please answer the following:  
Are you working or have you worked in the area utilizing your degree?      No      Yes

Are you authorized to work in the United States?      No      Yes

Do you have current identification and Employment Authorization documentation to complete the required governmental I-9 form?      No      Yes

What type of position(s) are you applying for? \_\_\_\_\_

- Do you have verifiable work history in the field(s) in which you are applying?      No      Yes

What type of employment are you willing to consider? (Please check *all* that apply)

Direct-Hire      Full-Time      Part-Time      Temp to Hire      Short-Term Temp      Long-Term Temp

Salary/Hourly wage specifics:

- What is the highest salary/hourly wage you've earned?      \$ \_\_\_\_\_
- What is your minimum salary/hourly wage you are willing to work for?      \$ \_\_\_\_\_

Aside from email and the internet, what is the most recent software you've used on a daily basis to perform your job?

\_\_\_\_\_  
(All applicants are required to complete a baseline computer assessment for ANY office related opportunity.)

Have you ever filled out an application, in person, with Jean Simpson Personnel, either in Shreveport or Longview?

No      Yes – Please answer the following:

- Were you referred to us by another business and if so, who?      No      Yes \_\_\_\_\_
- Have you ever accepted a position through us and if so, where?      No      Yes \_\_\_\_\_

What other agencies have you registered with? \_\_\_\_\_

How did you hear about us?

\_\_\_ Friend      \_\_\_ Yellow Pages      \_\_\_ Billboard      \_\_\_ TV      \_\_\_ Other: \_\_\_\_\_  
\_\_\_ Internet (Please specify which site): \_\_\_\_\_ (Please specify)

Please be aware that if you are currently drawing unemployment and you register with us, we are required by law to make the unemployment office aware of any job offers you decline.

March 23, 2020



# APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Name you go by: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main contact #: \_\_\_\_\_ Alternate contact #: \_\_\_\_\_ Is your voicemail setup? Yes No

In case of emergency, contact:

Name/Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Under Title VII the 1964 Civil Rights Act you are not required by law to answer the following questions in this block.**

Date of Birth: \_\_\_\_\_ Single Married # of Children: \_\_\_\_\_

Height/Weight: \_\_\_\_\_ Smoker Non-Smoker

## How did you hear about Jean Simpson Personnel?

Billboard

Friend/Word of Mouth

Company/Client referral

Social Media

JSPS Website

Other Internet—Please specify: \_\_\_\_\_

None of the above? Please specify: \_\_\_\_\_

Are you currently working or attending school? Yes No If so, where and what hours? \_\_\_\_\_

## Education: (Please list name of School & Dates/Years Completed)

High School: \_\_\_\_\_ Graduated GED

College: \_\_\_\_\_ Dates: \_\_\_\_\_ Years: \_\_\_\_\_ Degree In: \_\_\_\_\_

Business School: \_\_\_\_\_ Dates: \_\_\_\_\_ Years: \_\_\_\_\_ Majored In: \_\_\_\_\_

Trade/Technical School: \_\_\_\_\_ Dates: \_\_\_\_\_ Years: \_\_\_\_\_ Field: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_

Hours Available: \_\_\_\_\_ Hourly Wage Desired: \_\_\_\_\_

Benefits Desired/Needed: Yes No

Employment Type: Temp-to-Full Time Temp Only Part-Time Full-Time Only Paymaster

Do you have your own transportation? Yes No

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

# Employment History

Date (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Reference Checks

(For office use only)

Date Contacted: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Attendance Rating: \_\_\_\_\_

Performance Rating: \_\_\_\_\_

Eligible for Rehire: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Attendance Rating: \_\_\_\_\_

Performance Rating: \_\_\_\_\_

Eligible for Rehire: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Attendance Rating: \_\_\_\_\_

Performance Rating: \_\_\_\_\_

Eligible for Rehire: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

### Professional References *other than those listed above:*

Name

Phone Number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

# PLEASE CHECK ONLY THE SKILLS IN WHICH YOU HAVE *JOB EXPERIENCE*

## Accounting

A - 10-Key  
 A - Accountant  
 A - Accounts Payable  
 A - Accounts Receivable  
 A - Assistant Bookkeeper  
 A - Auditing  
 A - Bank Reconciliation  
 A - Banking  
 A - Billing  
 A - Bookkeeping  
 A - CPA  
 A - Controller  
 A - Cost Accounting/Budgeting  
 A - Credit/Collections  
 A - Full Charge Bookkeeper  
 A - Oil & Gas Accounting  
 A - Payroll  
 A - Posting Exp  
 A - Taxes  
 A - Teller

## Business

BUS - Advertising  
 BUS - Apt Mgmt/Leasing  
 BUS - Architectural  
 BUS - Childcare Director  
 BUS - Church  
 BUS - Educator  
 BUS - Finance/Investment  
 BUS - Fundraising  
 BUS - Grant Writing  
 BUS - Graphic Artist Exp  
 BUS - Interior Design  
 BUS - Hotel/Motel  
 BUS - Insurance/General Exp  
 BUS - Legal/Paralegal  
 BUS - Loan Processor  
 BUS - Logistics  
 BUS - Managerial Exp  
 BUS - Military  
 BUS - Mortgage Exp  
 BUS - Non-Profit  
 Bus - Notary  
 BUS - Oil & Gas Royalty/Lease  
 BUS - Pharmaceuticals  
 BUS - Public Relations  
 BUS - Real Estate  
  
 BUS - Shipping/Trucking  
 BUS - Stocks & Bonds  
 BUS - Title Abstractor  
 BUS - Title Clerk  
 BUS - Top Secret Clearance  
 BUS - Traffic Clerk  
 BUS - Transcribing/Dictaphone

## Management

MGT - CEO  
 MGT - CFO  
 MGT - CIO  
 MGT - COO  
 MGT - Credit Manager  
 MGT - Enviro Health & Safety  
 MGT - Executive Secretary  
 MGT - HR Personnel  
 MGT - Healthcare Admin  
 MGT - Inventory Control  
 MGT - Mgmt Info Systems  
 MGT - Office Management  
 MGT - Purchasing/Buying Exp  
 MGT - Risk Management  
 MGT - Supervisory

## Clerical Skills

C - Administrative Assistant  
 C - Bill of Lading  
 C - Blueprint Copying  
 C - Clerk  
 C - Courier  
 C - Dispatching  
 C - Document Scanner  
 C - Filing  
 C - Inventory Exp  
 C - Mailroom  
 C - Phones  
 C - Proofreader  
 C - Purchasing Office Clerk  
 C - Receptionist (1-5 Lines)  
 C - Shipping/Receiving  
 C - Switchboard  
 C - Typing

## Human Resources

HR - Benefits Administrator  
 HR - Generalist  
 HR - Director  
 HR - Specialist  
 HR - Recruiting

## Marketing

MKT - Call Center Rep  
 MKT - Cashier - General  
 MKT - Customer Service  
 MKT - Demonstrator  
  
 MKT - Inside Sales  
 MKT - Merchandiser  
 MKT - Outside Sales  
 MKT - Phone Mktg & Surveys  
 MKT - Retail Sales  
 MKT - Telemarketing

## Insurance

INS - Appraisals  
 INS - Claims Experience  
 INS - Commercial Lines  
 INS - Group Lines  
 INS - Life & Health License  
 INS - P&C License  
 INS - Personal Lines  
 INS - Underwriter

## Medical

MED - Admitting  
 MED - Dental Exp  
 MED - Dietician/Nutritionist  
 MED - ICD-9 Coding CPT (Ins)  
 MED - ICD-10 Coding CPT (Ins)  
 MED - Medicaid Exp  
 MED - Medical Admin Asst  
 MED - Medical Billing  
 MED - Medical Environment  
 MED - Medical Insurance  
 MED - Medical Receptionist  
 MED - Medical Records  
 MED - Medical Terminology  
 MED - Medical Transcribing  
 MED - Medicare Exp  
 MED - Optical Exp  
 MED - Social Worker  
 MED - Veterinary Office

## Software

S - .Net  
 S - Adobe Illustrator  
 S - AS/400  
 S - AutoCAD  
 S - BASIC  
 S - C#  
 S - C++  
 S - CAD/CAM  
 S - Computer Literate  
 S - Corel Draw  
 S - Desktop Publishing  
 S - Email  
 S - Great Plains  
 S - HTML  
 S - Inventor  
 S - Javascript  
 S - JD Edwards  
  
 S - Linux  
 S - Macintosh OS  
 S - Macromedia Suite  
 S - Mas 90  
 S - MS Access  
 S - MS Excel  
 S - MS Internet Explorer

S - MS Office Version  
 S - MS PowerPoint  
 S - MS Publisher  
 S - MS Windows 7  
 S - MS Windows Vista  
 S - MS Windows XP  
 S - MS Word  
 S - Network System Exp  
 S - Nextgen  
 S - Oracle  
  
 S - Pascal  
 S - Peachtree Accounting  
 S - Photo Shop  
 S - Programming Language  
 S - Quark Express  
 S - QuickBooks  
 S - SAP  
 S - SmartPhone OS  
 S - Solidworks  
 S - SQL  
 S - Systems Analyst  
 S - Technical Support  
 S - Technical Writer  
 S - Timberline  
 S - Video Editing  
 S - Visual Basic  
 S - Web Design  
 S - WordPerfect  
 S - XML

## Data Entry

DE- Alpha  
 DE- Numeric

## Languages

L - French  
 L - German  
 L - Italian  
 L - Sign Language  
 L - Spanish

## Tech/IT

TECH - Computer Technician  
 TECH - Database Administrator  
 TECH - Drafting  
 TECH - Electronics  
 TECH - Engineering  
 TECH - IT Administrator  
  
 TECH - Lab Tech  
 TECH - Network Admin  
 TECH - Programmer  
 TECH - Systems Analyst  
 TECH - Systems Engineer  
 TECH - Technical Support  
 TECH - Web Developer

**PLEASE CHECK ONLY THE SKILLS IN WHICH YOU HAVE JOB EXPERIENCE**

**Fair**

F Ticket Taker  
**General**  
 GEN - Read Tape Measure  
 GEN - ABO card  
 GEN - Bartender  
 GEN - Bindery  
 GEN - Bus Tables  
 GEN - Carpenter  
 GEN - Carpet Cleaning  
 GEN - Casino Games Dealer  
 GEN - Chef/Head Cook  
 GEN - Cooking  
 GEN - Dishwasher  
 GEN - Electrician  
 GEN - Flooring  
 GEN - Food Service Industry  
 GEN - Furniture Mover  
 GEN - General Labor  
 GEN - Glass Glazier Exp  
 GEN - Heavy Equipment Oper  
 GEN - Heavy Lifting  
 GEN - Host or Hostess  
 GEN - Housekeeping Exp  
 GEN - HVAC  
 GEN - Janitorial  
 GEN - Labor  
 GEN - Landscape Design  
 GEN - Laundry  
 GEN - Mallroom/Runner  
 GEN - Merchandiser  
 GEN - Oilfield Work  
 GEN - OSHA  
 GEN - Painting  
 GEN - Pipe Handling  
 GEN - Pool Chemicals  
 GEN - Pool Construction  
 GEN - Printing Press Operator  
 GEN - Responsible Vendor Card  
 GEN - Restaurant Manager  
 GEN - Safety  
 GEN - Security  
 GEN - Sewing  
 GEN - Sous Chef  
 GEN - Upholstery  
 GEN - Usher  
 GEN - Utility  
 GEN - Walter or Waitress  
 GEN - Yardwork/Landscaping  
**Heavy Equipment**  
 HE - Backhoe  
 HE - Bulldozer  
 HE - Bush Hog  
 HE - Front End  
 HE - Overhead Crane  
 HE - Trackhoe  
 HE - Tractor

**Industrial**

I - Assembly  
 I - Blueprint Schematics Reading  
 I - Bob Truck  
 I - Carpenter  
 I - Carpenter Helper  
 I - CNC Bridgeport  
 I - CNC Lathe  
 I - CNC Machinist  
 I - CNC Milling  
 I - Concrete  
 I - Concrete Finishing  
 I - Construction  
 I - Construction Cleanup  
 I - Construction Residential  
 I - Davenport Machinist  
 I - Driver Chauffer's License  
 I - Driver Class A  
 I - Driver Class B  
 I - Driver Class C  
 I - Driver Combo Endorsement  
 I - Driver DBL & TRP Endorsement  
 I - Driver Dump/Mixer  
 I - Driver HazMat Endorsement  
 I - Driver Local Delivery  
 I - Driver Passenger Endorsement  
 I - Driver School Bus Endorsement  
 I - Driver Tanker Endorsement  
 I - Drywall  
 I - Electrician  
 I - Electrician Helper  
 I - Extrusion  
 I - Fabricator  
 I - Flagger  
 I - Forklift  
 I - Furniture Installing/Moving  
 I - Grinding  
 I - Injection Molding  
 I - Insulation  
 I - Machine Setup  
 I - Manual Machinist  
 I - Masonry  
 I - Micro Assembly  
 I - Packing  
 I - Painting  
 I - Picking  
 I - Plumber Helper  
 I - Plumbing  
 I - Production Line  
 I - Punch Press  
 I - Roofing  
 I - Sandblasting  
 I - Schematics  
 I - Sheetmetal  
 I - Sheetrock  
 I - Soldering  
 I - Standard Shift Vehicle

I - Surveying

I - Swiss Screw  
 I - Valet  
 I - Wash Rack  
 I - Welder - Arc  
 I - Welder - Auto Mechanic  
 I - Welder - General  
 I - Welder - Mig  
 I - Welder - Stick  
 I - Welder - Tig  
 I - Wiring

**Maintenance**

MAINT - AC/Heat Repair  
 MAINT - Aircraft  
 MAINT - Auto Body Work  
 MAINT - Auto Detail  
 MAINT - Auto Mechanic  
 MAINT - Auto Painting  
 MAINT - Auto/Truck  
 MAINT - Building  
 MAINT - Building Maintenance  
 MAINT - Diesel Mechanic  
 MAINT - Facility Manager  
 MAINT - General  
 MAINT - HVAC Certified  
 MAINT - Hydraulics  
 MAINT - Installation  
 MAINT - Janitorial  
 MAINT - Maint Mechanic  
 MAINT - Make Ready  
 MAINT - Master Mechanic  
 MAINT - Mechanic Helper  
 MAINT - Mechanically Inclined  
 MAINT - Motorcycle Exp  
 MAINT - Plant Maintenance  
 MAINT - Pneumatics  
 MAINT - Service Writer  
 MAINT - Small Engine Repair

**Manufacturing**

MANUF - Assembly (all types)  
 MANUF - Injection Molding  
 MANUF - Inspection  
 MANUF - Lab Tech  
 MANUF - Material Handler  
 MANUF - Picker/Packer  
 MANUF - Plant Manager  
 MANUF - Production Line  
 MANUF - Quality Assurance  
 MANUF - Quality Control

**Machine Operator**

MO - Caliper/Micrometer  
 MO - Die Cast  
 MO - Drill Press  
 MO - Grinder  
 MO - Jackhammer

MO - Lathe/CNC or Manual

MO - Machine Operator  
 MO - Machinist  
 MO - Milling  
 MO - Millwright  
 MO - Power Hand Tools  
 MO - Press Work (all types)  
 MO - Shearer  
 MO - Tool & Die  
**Safety Equipment**

SE - Back Belt  
 SE - Gloves  
 SE - Hard Hat  
 SE - Own Tools  
 SE - Rubber Boots  
 SE - Safety Glasses  
 SE - Slicker Suit  
 SE - Steel Toed Boots  
 SE - Steel Toed Rubber Boots  
 SE - Steel Toed Shoes  
 SE - Tool Belt  
 SE - Welding Hood  
 SE - Work boots

**Welding**

WELD - Aluminum  
 WELD - Arc  
 WELD - Fabrication  
 WELD - Mig  
 WELD - Pipefitter  
 WELD - Solder  
 WELD - Spot  
 WELD - Stick  
 WELD - Structural  
 WELD - Tig  
 WELD - Welder's Helper  
 WELD - Wire

**Warehouse**

WHSE - Cherry Picker  
 WHSE - Clamp Truck  
 WHSE - Forklift  
 WHSE - Forklift - Sit Down  
 WHSE - Forklift - Squeeze  
 WHSE - Forklift - Stand Up  
 WHSE - Hand Truck  
 WHSE - Inventory  
 WHSE - Loading/Unloading  
 WHSE - Order Puller  
 WHSE - Packing  
 WHSE - Pallet  
 WHSE - Parts - Automotive  
 WHSE - Parts - Electronic  
 WHSE - Picking  
 WHSE - Shipping/Receiving  
 WHSE - Stocking  
 WHSE - Shipping/Trucking

# Jean Simpson Personnel Services, Inc.

Please Initial:

## Policies and Procedures Checklist

\_\_\_ I understand my employment with JSPS is on a temporary basis and 40 hours per week is not guaranteed.

\_\_\_ As an employee of JSPS, we will make every effort to put you to work. Your **attitude, flexibility and job performance** are helpful in our determining how we market you to our customers. First impressions are very important to us!

\_\_\_ I understand that I am an employee of JSPS. Only JSPS or I can terminate my employment for any given reason. I understand that I am expected to complete any job assignment, unless approved by JSPS staff. If I do not complete an assignment without contacting JSPS, they will assume I have voluntarily quit. Failure to do this may be grounds for termination. **Do not accept an assignment if you will not be able to complete it!!!**

\_\_\_ I understand that if I do accept an assignment and when my assignment ends, I must report immediately to JSPS's office for my next job assignment. Failure to do so will indicate that I have voluntarily quit. Refusal of jobs may jeopardize my right to unemployment benefits after termination from JSPS.

\_\_\_ **If a client should offer you a full-time position, call JSPS for instructions.** I understand that before I go full time with a company through JSPS, I am to fulfill the required minimum of 12 weeks (480 hours) before going on the company's payroll as a full-time employee, unless told otherwise.

\_\_\_ I understand that if I am referred to any JSPS client company and am contacted by the client for any position without JSPS's knowledge within 12 months of the referral date, I am required to contact JSPS right away. **Failure to do so may be grounds for immediate termination and ineligibility for rehire in the future.**

\_\_\_ JSPS has a very strict "NO DRUG POLICY". I have signed a consent form to submit to drug testing. I understand that failure to comply with this agreement will be grounds for my immediate termination.

\_\_\_ **If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact JSPS as soon as possible so JSPS can call the customer and/or find a replacement. If I have to call after hours, I will leave a clear and complete message with the answering service.** Even if the JSPS customer tells me to call them if I am going to be late or absent, I am still required to call JSPS. My failure to do so may be grounds for termination. If I am calling for anything other reason than an emergency, I will leave a clear message along with my first and last name on the JSPS voicemail.

\_\_\_ If I sustain an injury on the job, I will inform the customer and JSPS **immediately** after the accident. JSPS will coordinate with me and their customer the proper procedure for treatment and report of the accident. Failure to do so may be grounds for immediate termination.

\_\_\_ I have read and fully understand the above statements regarding JSPS policies and procedures. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my unemployment benefits. Please understand that your signature below means that you understand and are responsible for all the information on this checklist. Any information that is falsified in this application could lead to termination. If you have any questions, please ask for clarification **before signing** below.

\_\_\_\_\_  
Signature, Date

\_\_\_\_\_  
Interviewer, Date



**EMPLOYEE RECORDS RELEASE  
AND  
DRUG, ALCOHOL, WEAPONS AND SEARCH POLICY**

Jean Simpson Personnel Services, Inc. (JSPS) has established an Employee Records Release and Drug, Alcohol, Weapons and Search Policy to assist us in providing a safe, healthy and productive work environment for our employees and to protect our customers, facilities and property.

The distribution, purchase, transfer, use, possession, sale or manufacture of the following items or substances on company property, premises, or work sites, or while at work or on company business is prohibited.

- Illegal drugs, controlled substances, designer drugs or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant, hallucinogen or cannabinoid (herein called "drugs").
- Alcoholic beverages
- Unauthorized items – drug paraphernalia
- Unauthorized prescription drugs

Arriving on company property, premises, or work site, or being at work or on company business under the influence of or impaired by alcohol or an illegal or unauthorized drug or testing positive for alcohol or an illegal or unauthorized drug is prohibited.

Drug or alcohol tests may be administered for applicants and new hires, when any treatable injury occurs, or when there is reasonable suspicion that the employee is intoxicated, impaired or using drugs or alcohol. These tests will be administered by professionals in accordance with the law.

Test results and information may be given to law enforcement authorities for investigation or prosecution may be used as evidence and may be obtained and disclosed in any public or private administrative or disciplinary proceeding or hearing or in court where drug or alcohol used by the employee or applicant is relevant. Test results and information may be shared with JSPS clients. Violations of this policy may be a basis under the law for disqualification from unemployment benefits or workers' compensation benefits.

I also give JSPS the authority to give all information in my file to future employers, JSPS clients and prospective assignments. This includes drug screen results, criminal background information, MVR and DOT records, credit checks, previous employer references, medical records and any other information I have voluntarily given to JSPS.

Any employee that violates this policy, refuses to take a test, tries to alter or contaminate a specimen or interferes with testing procedures, or tests positive for alcohol or an illegal or unauthorized drug will be subject to disciplinary action, up to and including discharge, and may be disqualified from unemployment and workers' compensation benefits. Compliance with the policy is a condition of employment.

All employees are required to report to their supervisor any criminal drug statute arrest or conviction within five (5) days after the arrest or conviction. Any criminal drug statute arrest or conviction will subject the employee to disciplinary action up to and including discharge.

The possession of weapons, firearms, explosives and ammunition on company property or premises, in company vehicles, or while at work or on company business, without permission, will be grounds for immediate termination.

JSPS may conduct searches or inspections of company facilities and equipment and employees' persons and property. Searches may include the person, personal effects, lockers, desks, offices, computers, files, equipment, company vehicles or vehicles being used for company purposes, purses, personal baggage or any other items on company property, premises or work site. Refusal to permit a search or to cooperate fully in a search will be grounds for disciplinary action up to and including discharge.

I, \_\_\_\_\_, have received a copy of, read, understand and agree to comply with JSPS' Employee Records Release and Drug, Alcohol, Weapons and Search Policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dispatcher



# AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for JEAN SIMPSON PERSONNEL to obtain a complete consumer report:

Full Legal Name : \_\_\_\_\_  
(First Name, Full Middle Name, Last Name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender\*: \_\_\_\_\_ Race\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) \_\_\_\_\_

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to JEAN SIMPSON PERSONNEL any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish JEAN SIMPSON PERSONNEL and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

**CALIFORNIA APPLICANTS:** Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

**MAINE APPLICANTS:** Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer

1. Have you ever been convicted or plead guilty, no contest, or nolo contendere before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)      YES      NO      If YES, please provide an explanation below:

\_\_\_\_\_

2. As of the date of this authorization, do you have any pending criminal charges against you?      YES      NO  
If YES, Please provide an explanation below:

\_\_\_\_\_

*A criminal record will not automatically disqualify you from any job. Whether a criminal record will disqualify you depends on several factors, including the nature of the job sought, the nature and gravity of the offense, and the time that has passed since the offense, and the completion of any sentence or probation.*

**THIS SECTION IS TO BE USED TO LIST ALL PARISHES/COUNTIES AND STATES OF RESIDENCE OVER THE PAST 20 YEARS OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.**

CITY/TOWN	PARISH/COUNTY	STATE	DATES FROM/TO
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**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS WILL EXIST AND MAY BE USED AT THE DISCRETION OF JEAN SIMPSON PERSONNEL SERVICES, INC.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Below to be completed by JSPS staff only:**

Background Check requested by: \_\_\_\_\_ (Circle contact information below)

This form is valid for 1 year from date of signature.

CONFIDENTIAL  
**Second Injury Fund Questionnaire**

(Duplication of form is permissible. To be completed post-offer, pre-hire.)

This medical information is being gathered in compliance with the Americans with Disabilities Act (ADA) and will be maintained in a separate medical file as a confidential medical record, except that supervisors/managers may be informed about necessary work restrictions and accommodations. first-aid/safety personnel may be informed of any necessary information for emergency medical treatment, and the government may be provided with this information when enforcing the ADA. 42 U.S.C.A. § 12112(d) (West 2007). In addition, the employer reserves the right to use this information to assist in presenting a claim for reimbursement under any Subsequent/Second Injury Trust Fund. 29 C.F.R. app. § 1630.14(b) (West 2007); and LA. REV. STAT. ANN. § 23:1208.1 (West 2007).

Name of employer Jean Simpson Personnel Services, Inc.

Name of employee \_\_\_\_\_ Phone number \_\_\_\_\_

Employee's Social Security number \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Do you now have, or have you ever had, any of the following? (WE MUST HAVE A YES OR NO IN EACH FIELD)

Yes	No	Yes	No	Yes	No

Explain all "Yes" answers. Please use back of form to give further explanation and details.

2. Primary care physician: \_\_\_\_\_ Address: \_\_\_\_\_

3. Have you ever injured or hurt your knee? Yes No Back? Yes No Neck? Yes No Shoulder? Yes No

If yes, did you receive treatment from a doctor? Yes No

Was surgery performed?  Yes  No If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Name and address of doctor who performed the treatment \_\_\_\_\_

4. Have you ever received workers' compensation or disability benefits?  Yes  No If yes, please explain \_\_\_\_\_

5. Do you have, or have you ever had, any physical disability or impairment?  Yes  No If yes, please describe \_\_\_\_\_

Part of body? \_\_\_\_\_ Percentage of impairment? \_\_\_\_\_

I HAVE READ, AND FULLY UNDERSTAND, THIS FORM. I UNDERSTAND THAT MY FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN MY FORFEITURE OF ANY AND ALL WORKERS' COMPENSATION BENEFITS UNDER LA. REV. STAT. ANN. § 23:1208.1 (West 2007).

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Witness's signature \_\_\_\_\_ Date \_\_\_\_\_

**Details to Yes answers on reverse:**

Applicants are only to complete as arrows dictate in the event this form has to be sent for multiple verifications.



### EMPLOYMENT VERIFICATION REQUEST

To: \_\_\_\_\_, Attn: \_\_\_\_\_  
Company Name



RE: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Applicant Name

***I hereby authorize you to provide Jean Simpson Personnel with the requested information.***



Applicant Signature: \_\_\_\_\_

The above names person has applied for a position with Jean Simpson Personnel Services, Inc. Please consider this their authorization to release work history information. It is very important to us to learn as much as we can about the work habits of our applicants. Please complete this employment verification and fax back to our office at your earliest convenience. Thank you for your help.

Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_

If not correct, please indicate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If not correct, please indicate: \_\_\_\_\_

Eligible for Rehire? YES NO

Any additional comments would be appreciated: \_\_\_\_\_

***Please rate the performance of your former employee in the following categories:***

	Excellent	Good	Average	Fair	Poor
Attendance					
Punctuality					
Quality of Work					

Form completed by: \_\_\_\_\_, \_\_\_\_\_  
Name, Position Date

***Please fax completed form back to \_\_\_\_\_ Attention: \_\_\_\_\_***