



Employment Application

HUNTER EMPLOYMENT
 The Crescent Center
 2450 S. 4th Avenue, #102
 Yuma, AZ 85364
 (928) 341-4664

PERSONAL INFORMATION

Social Security	Date / /	Staff Coordinator	Professional Clerical	Managerial Industrial
Name (Last, First, MI)	Telephone ()	Message Phone ()	Email Address	
Street Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
Emergency Contact	Telephone ()	Have you ever been <u>convicted</u> of a felony or misdemeanor? <small>(All Information is confidential and will not affect employment)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below.		
Position Desired	Salary Desired			
How did you hear about Hunter Employment? <input type="checkbox"/> Newspaper <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Billboard <input type="checkbox"/> Friend <input type="checkbox"/> Other (Please explain:)			Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

Check highest educational level completed	<input type="checkbox"/> GED	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Post Graduate
Name & Location of Institution	Degree/Cert Rec'd	Major or Specialty	Minor	Dates Attended	
1					
2					

SKILLS (Experience In)

Accounting <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Auditor <input type="checkbox"/> Bookkeeper <input type="checkbox"/> CPA <input type="checkbox"/> Payroll <input type="checkbox"/> QuickBooks <input type="checkbox"/> Quicken	Clerical <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Call Center <input type="checkbox"/> Clerical - Entry Level <input type="checkbox"/> Customer Service Rep. <input type="checkbox"/> Data Entry Clerk <input type="checkbox"/> Escrow <input type="checkbox"/> Executive <input type="checkbox"/> General Secretary <input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance Experience <input type="checkbox"/> Legal Secretary <input type="checkbox"/> Marketing <input type="checkbox"/> Manager <input type="checkbox"/> Paralegal <input type="checkbox"/> Purchasing <input type="checkbox"/> Receptionist	Construction <input type="checkbox"/> Block Mason <input type="checkbox"/> Block Tender <input type="checkbox"/> Carpentry <input type="checkbox"/> Cement Finisher <input type="checkbox"/> Concrete Mason <input type="checkbox"/> Ditch Digger <input type="checkbox"/> Drywall Person <input type="checkbox"/> Drywall Helper <input type="checkbox"/> Electrician <input type="checkbox"/> Form Setter <input type="checkbox"/> Framing <input type="checkbox"/> Hvy Equip. Construction <input type="checkbox"/> Hvy Equipment Operator <input type="checkbox"/> Painter <input type="checkbox"/> Plumber <input type="checkbox"/> Welder	Farming <input type="checkbox"/> Dairy Driver <input type="checkbox"/> Dairy Farm Worker <input type="checkbox"/> Farm Machine Mechanic <input type="checkbox"/> Field Supervisor <input type="checkbox"/> Field Worker <input type="checkbox"/> Floral Worker <input type="checkbox"/> Foreman	Name (Last, First, MI)
Drivers <input type="checkbox"/> CDL <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> HazMat <input type="checkbox"/> Tanker Endorsement	Computer Skills <input type="checkbox"/> Access <input type="checkbox"/> Citrix <input type="checkbox"/> Corel <input type="checkbox"/> Excel <input type="checkbox"/> Networks <input type="checkbox"/> Peachtree <input type="checkbox"/> PowerPoint <input type="checkbox"/> QuickBooks <input type="checkbox"/> Word <input type="checkbox"/> Keyboard wpm ____	Retail <input type="checkbox"/> Cashier <input type="checkbox"/> Sales Clerk	Service <input type="checkbox"/> Bar Tender <input type="checkbox"/> Bus Person <input type="checkbox"/> Butcher <input type="checkbox"/> Cashier <input type="checkbox"/> Dispatcher <input type="checkbox"/> Front Desk Clerk <input type="checkbox"/> Housekeeping <input type="checkbox"/> Security Guard <input type="checkbox"/> Waiter/Waitress <input type="checkbox"/> Lifeguard <input type="checkbox"/> Crossing Guard	
Packing House <input type="checkbox"/> Dispatcher <input type="checkbox"/> General Labor -Pack. <input type="checkbox"/> Forklift Operator <input type="checkbox"/> Forklift - Loader <input type="checkbox"/> Forklift - Rotator <input type="checkbox"/> Mechanic <input type="checkbox"/> Machine Operator	Medical <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> CNA <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Billing <input type="checkbox"/> Medical Front Office <input type="checkbox"/> Medical Records	General Labor <input type="checkbox"/> General Labor	Warehouse <input type="checkbox"/> Clerk <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Forklift Driver <input type="checkbox"/> General Labor	
Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese				

EMPLOYMENT HISTORY

Job Title				Duties	
From		To			
Employer				Address	
Supervisor				Telephone	
Salary (start)				Reason for Leaving?	
Salary (end)					
Job Title				Duties	
From		To			
Employer				Address	
Supervisor				Telephone	
Salary (start)				Reason for Leaving?	
Salary (end)					
Job Title				Duties	
From		To			
Employer				Address	
Supervisor				Telephone	
Salary (start)				Reason for Leaving?	
Salary (end)					

REFERENCES

List names, address, and relationships of three persons not related to you who know your qualifications:

	Name	Address	Phone	Relationship
1				
2				
3				

CERTIFICATION (Please read before signing)

I hereby affirm: that all information given by me on this pre-employment application to include employee data and work history is true and complete. If my answers are untrue or misleading, Hunter Employment Services, Inc. ('HES') has the right to dismiss me immediately. If selected for employment, I agree to provide documentations showing that I am authorized to work in the United States of America. I authorize HES or its agents to contact my former employers for references. If requested, I agree to a physical examination by a doctor of HES' choice. Such physical examination may include testing for drugs and alcohol. My employment may be terminated at any time, and HES will only be liable to me for wages earned up to termination. If I work for HES, I will be an HES employee. I will obtain permission before discussing permanent employment with HES' clients. I will keep all client information learned at a position confidential. I will notify HES when my temporary assignments end. If I do not, it means that I am not available for work. I acknowledge that I understand this statement and agree to abide by the same.

Applicants Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Personal					References Checked								
E	AA	A	BA	Co. Name	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	Co. Name	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	Co. Name	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	
Grooming													
Attitude					Comments:			Comments:			Comments:		
Comm.													
Speech													
Knowledge					Quiz Scores								
Experience													
Temp/Perm	Shift		Location		Languages		Transportation		Student		Days Available		

Notes:



RELEASE FORM

I hereby authorize Hunter Employment and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but it is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdiction; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Hunter Employment, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Hunter Employment, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Names(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ Telephone Number: _____

Drivers' License Number/State: _____

Signature: _____ Date: _____



EMPLOYMENT VERIFICATION

Applicants to fill out top portion only.

I _____, hereby authorize the recipient of this form to release all information concerning my employment, including assessment of my job performance, ability, and fitness to Hunter Employment. I herewith release the recipient from any and all liability of any type as a consequence of providing this information.

Signature of Applicant

Social Security Number

Date

DO NOT WRITE BELOW THIS LINE

Dear Employer,

It is the policy of Hunter Employment to verify employment history and check references of all applicants who register prior to employment with us. The information you provide will help us evaluate the applicant's suitability and qualifications, as well as enable us to provide the highest quality employees for our clients. We appreciate your cooperation and assure you that your answers will be held in strict confidence.

_____ has indicated working for you previously and authorized us to contact you. Please provide the information below. Thank you in advance for your time and attention in this matter.

Dates of employment: From _____ To _____ Eligible for rehire: Yes _____ No _____

Employee's Title/Job Duties: _____

Comments: _____

	EXCELLENT	GOOD	FAIR	POOR
QUALITY OF WORK				
INITIATIVE				
WORK ATTITUDE				
ATTENDANCE				
PUNCTUALITY				
TEAM WORKER				

Signature _____

Date _____

Printed Name _____

Title _____

Yuma Office

P.O.Box 4699 | Yuma, Arizona 85366-4699 | Phone: (928) 341-4664 | Fax: (928) 726-4138

El Centro Office

P.O. Box 2768 | El Centro, California 92244 | Phone: (760) 679-5180 | Fax: (760) 679-5181



EMPLOYEE AGREEMENT

By completing this agreement I, _____, agree that should I become an employee of Hunter Employment I will be willing to accept various job assignments. Should Hunter Employment send me to a company and they wish to employ me as a direct-hire employee on their payroll, I will inform Hunter Employment immediately and will not accept a direct-hire position with a Hunter Employment client without Hunter Employment’s prior knowledge.

As an employee of Hunter Employment, I agree to the following:

1. I can and will help control the frequency of work-related injuries. Should I witness or suffer any injury on the job, I will report it immediately to Hunter Employment and to the Client Supervisor.
2. I will obtain an authorization slip from Hunter Employment for treatment of any injury I incur unless I am unable to do so due to the urgent nature of the injury. (This is not meant to curtail medical attention for bona fide work-related injuries, but rather to aid employees, protect their rights, and hasten payment of medical bills.)
3. I will observe and comply with all safe operating procedures and work methods, and I will maintain safe working conditions, protecting the safety and welfare of fellow employees. At the end of an assignment with a client, I will turn in all safety equipment issued to me.
4. **I understand that an assignment may be ended at any time and that I am required to call Hunter Employment once a week inquiring about a new assignment. If I do not contact Hunter Employment for subsequent work after each assignment, I will have voluntarily quit.**
5. I am expected to keep all things heard or seen on the job in the strictest of confidence. I will, however, report any problems I might experience on the assignment to Hunter Employment immediately for handling only by their representative.
6. If I am unable to report to work or remain at the job assignment, I am required to call Hunter Employment. A 24-hour voice-mail service is available for me to contact a Hunter Employment representative – **which I will do, leaving a message if necessary.** I understand that if I do not show up for any assignment or walk off the job without calling, my employment will be automatically terminated.
7. **I understand that I alone am responsible for turning in my approved time card to Hunter Employment by 9:00 a.m. each MONDAY in order for me to be paid that Friday.**

By my signature below, I confirm that I have read and understand this form, and I agree with and accept my responsibilities as an employee of Hunter Employment.

Signature

Date

Hunter Employment

Date

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SAFETY AGREEMENT

We at Hunter Employment welcome you as one of our employees, and we hope that your assignment(s) with us will be carried out in a safe and enjoyable environment. Our primary concern is your safety at the work site. Hunter Employment is firmly committed to maintaining a safe and healthy working environment.

We expect all of Hunter Employment employees to perform all assigned tasks safely and productively. It is important to report all hazards and injuries immediately to Hunter Employment. We expect you to abide by our safety rules at all times.

Communication at work is very important for your safety. If you feel that any tasks you are asked to perform will endanger your life, health or well-being, or the lives of others, please discuss it with a representative of Hunter Employment immediately. The quality of your work environment is very important to us.

In the event of an accident, please obtain an authorization slip from Hunter Employment for treatment of any injury incurred unless you are unable to do so due to the urgent nature of an injury. Someone from Hunter Employment is available to help handle work-related injuries 24 hours a day. Office hours are Monday through Friday 7:00 a.m. to 5:00 p.m., and after-hours someone is always on call. To reach Hunter Employment's on call representative please dial the office number (928) 341-4664 and press number 4. These steps are taken to insure that you receive the medical attention needed in a timely manner; to avoid lengthy waiting periods in emergency facilities that delay treatment; and to hasten the payment of medical expenses.

For your information, our Workers' Compensation Insurance is Ullico Casualty Company. For claims or questions please contact Tony Zuniga, Operations Manager (928) 581-0859.

This general statement is made in conjunction with our Injury and Illness Prevention Program (IIPP).

I have read and understand the Safety Agreement including Hunter Employment's safety and emergency medical treatment policies and will implement these policies in my daily work habits, striving towards a safe working environment for myself and my fellow employees.

Signature

Date

Hunter Employment

Date

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SUBSTANCE ABUSE AGREEMENT

By signing this agreement I, _____, agree to maintain a drug-free workplace for my safety and the safety of my co-workers.

It is the policy of Hunter Employment to prohibit any employee from the use, possessions, sale, conveyance, distribution, manufacture or attempted possession, sale conveyance, distribution or manufacture of drugs illegal under federal law, intoxicants, or controlled substances in any amount or in any manner unless prescribed by a medical doctor for the employee's system. The use of alcohol during working hours by any employee is prohibited as is reporting to work with a breath-alcohol concentration of 0.02 or more. Violation of this policy is grounds for disciplinary action up to and including termination.

It is the intent of Hunter Employment to comply with all accepted standards and practices relating to drug-free workplace policies and programs and with the "Arizona Private-Sector Workplace Drug-testing and Alcohol Impairment Act", as well as all other Federal, State, and local laws and regulations which may apply. Refusal to participate in the drug-testing program will result in immediate disciplinary action up to and including termination. Tampering, substitution and/or adulteration of the test specimen will also result in immediate disciplinary action up to and including termination.

All prospective and current employees of Hunter Employment shall be subject to the drug/alcohol testing under the following circumstances:

Pre-employment/post offer – testing will be done prior to commencement of work and job offer is contingent upon passing the drug test.

Random – Hunter Employment shall use a scientifically valid random selection method to select and require employees in safety-sensitive positions to be randomly tested for substance abuse. The testing schedule for random testing shall be determined solely by a Hunter Employment representative. Since all employees are subject to testing, an employee may possibly be tested more than once per calendar year.

Hunter Employment shall require that each employee who is notified of selection for random alcohol and/or controlled substance testing proceed to the test site immediately provided, however, if the employee is performing a safety-sensitive function at the time of notification, Hunter Employment shall instead ensure that the employee ceases to perform the safety-sensitive function and proceeds to the testing site as soon as possible.

Post-incident – includes all employees involved in an incident where there is bodily injury requiring medical treatment of any kind resulting in a worker's compensation claim or where there is property damage.

All drug testing will normally be conducted during or immediately before or after normal working hours. If applicant or employee is unable to produce a urine specimen upon arrival he/she will be given three (3) hours. If unable to produce a specimen at that point the test will be ruled as a refusal to test.

By signing below, I agree with and accept the terms listed in this agreement with Hunter Employment.

Signature

Date

Hunter Employment

Date

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