

Hamilton Connections

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Email Address

Name (Last)	First	MI	Home Phone	Message Phone	Today's Date
Street Address			City	State	Zip Code
Person to Notify in Case of Emergency		Phone	Address		City
Type of position you would prefer.				Indicate The Approx. Weight You Are Capable of Lifting	Approx. Weight Limit
Physical limitations which would affect your work.				License Number	State
Other than minor traffic offense, have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. (Each case is individually considered.)				HOW DID YOU HEAR ABOUT US?	
				Referral's Name	
				Other	
Do You Have Use of an Automobile? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, other:		Have you ever worked for Hamilton Connections? If yes, which office and when?		Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	

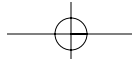
W-4 <small>Form Department of the Treasury Internal Revenue Service</small>	Employee's Withholding Allowance Certificate <small>For Privacy Act and Paperwork Reduction Act Notice, see reverse</small>	OMB No. 1545-0010 20
1 Type or print your first name and middle initial		2 Your social security number
Home Address (number and street or rural route)		3 Marital Status { <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <small>NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single box</small>
City or town, state, and ZIP code		
4 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply).....		4
5 Additional amount, if any, you want deducted from each pay.....		5 \$
6 I claim exemption from withholding because (check boxes below that apply). a <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND b <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld c If both a and b apply and you satisfy the additional conditions outlined above under "Exemption From Withholding," enter the year effective and "EXEMPT" here. Do not complete lines 4 and 5 above		Year 20
7 Are you a full-time student. (Note: Full-time students are not automatically exempt)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Under penalty of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status.</small>		
Employee's signature		Date , 20

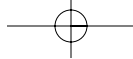
DATES AVAILABLE FOR WORK		CIRCLE DAYS AVAILABLE	DAY HOURS		NIGHT HOURS		SOCIAL SECURITY NO. (VERIFIED) <input type="checkbox"/>				
START	UNTIL	M T W T F S S	FROM	TO	FROM	TO					

DO NOT WRITE BELOW THIS LINE PLEASE CONTINUE ON THE OTHER SIDE				
INDUSTRIES	SOFTWARE	GENERAL SKILLS	EDUCATION	OTHER KEYWORDS

Notes for Temps Plus

				Pay:			
	E	AA	A	BA	Test Score:	Test Score:	Other:
Grooming					Days Avail:	Shift:	Temp/Perm:
Attitude					Car Avail:	Languages:	Interviewed By:
Communication							
Speech							
Job Knowledge							





PLEASE ANSWER ALL QUESTIONS

EDUCATION (Circle Highest Grade Completed) High School 1 2 3 4 General Equivalency Diploma

Business/Vocational School _____ College 1 2 3 4 4+

Skill or Trade _____ Degree or Major _____

Are you currently attending classes? Yes No

PREVIOUS PERMANENT EMPLOYMENT

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Date of Employment: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Date of Employment: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Date of Employment: _____ Reason for Leaving: _____

PREVIOUS TEMPORARY EMPLOYMENT

Agency: _____ Company assigned to: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Date of Employment: _____ Reason for Leaving: _____

Agency: _____ Company assigned to: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Date of Employment: _____ Reason for Leaving: _____

Agency: _____ Company assigned to: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Date of Employment: _____ Reason for Leaving: _____

I hereby affirm: that all information given by me on the pre-employment application and this employee data and work history card is true and complete. If my answers are untrue or misleading, you have the right to dismiss me immediately. If selected for employment, I agree to provide documentation showing that I am authorized to work in the U.S. You may contact my former employers for references and release the information herein to your clients and insurance companies and may give references on me. At your request, I will submit to a physical examination by a doctor of your choice. Such physical examination may include testing for drugs and alcohol. My employment may be terminated by you at any time, and you will only be liable to me for wages earned up to termination. If I work for you, I will be your employee. I will obtain permission before discussing permanent employment with your clients. I will keep confidential all information I learn from your clients. I will notify you when my temporary assignments end. If I don't, it means that I am not available for work. I acknowledge that I have received a copy of the HAMILTON CONNECTIONS Rules for Employment and have read its contents and agree to abide by the same.

APPLICANT'S SIGNATURE _____

PLEASE DO NOT WRITE BELOW THIS LINE

REFERENCES CHECKED	Company Name	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	Company Name	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	Company Name	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>

Recruiter's Notes

