

NAME: LAST FIRST MIDDLE INTL.				PHONE:		DATE:	
ADDRESS: STREET APT#				PHONE:		SHIFT AVAILABLE:	
CITY STATE ZIP				DAYS AVAILABLE FOR WORK: M Tu W Th F Sa Su CIRCLE DAYS AVAILABLE			
ARE YOU 18 YRS OR OLDER? YES OR NO (CIRCLE ONE)				EMERGENCY CONTACT: NAME & NUMBER			
SOCIAL SECURITY NUMBER:				U.S. CITIZEN OR RIGHTS TO WORK IN U.S.? YES OR NO (CIRCLE ONE)			
ARE YOU WILLING TO DRUG TEST IF IT WERE A CONDITION OF EMPLOYMENT? YES OR NO (CIRCLE ONE)							
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATION? YES OR NO (CIRCLE ONE)							
IF YES, GIVE DETAILS: DATE: STATE:							
WHICH TYPE OF TRANSPORTATION DO YOU USE? CAR AVAILABLE PUBLIC TRANSPORTATION (CHECK ONE)							
DRIVERS LICENSE NUMBER: STATE: EXPIRATION: CLASS:							
HIGHEST LEVEL OF EDUCATION COMPLETED: 9 10 11 12 13 14 15 16 (CIRCLE ONE) CITY, STATE:							
HIGHEST LEVEL OF SCHOOL ATTENDED: MAJOR COURSE OF STUDY:							
DATES ATTENDED: DEGREES EARNED:							
FROM/TO	EMPLOYER	TYPE OF BUSINESS	CITY	STATE	POSITION	PHONE	
PAY/HR.	DUTIES	SUPERVISOR	FULL TIME	PART TIME	REASON FOR LEAVING		
FROM/TO	EMPLOYER	TYPE OF BUSINESS	CITY	STATE	POSITION	PHONE	
PAY/HR.	DUTIES	SUPERVISOR	FULL TIME	PART TIME	REASON FOR LEAVING		
FROM/TO	EMPLOYER	TYPE OF BUSINESS	CITY	STATE	POSITION	PHONE	
PAY/HR.	DUTIES	SUPERVISOR	FULL TIME	PART TIME	REASON FOR LEAVING		
CHECK AREAS BELOW IN WHICH YOU HAVE EXPERIENCE & WOULD LIKE ASSIGNMENTS. NOTE SPECIFIC MAKES & MODELS OF EQUIPMENT WHERE APPLICABLE							
GENERAL OFFICE: CLERK RECEPTIONIST FILING TYPING: GENERAL FORMS STATISTICAL LEGAL MEDICAL							
SECRETARIAL: GENERAL EXECUTIVE LEGAL MEDICAL SHORTHAND EQUIPMENT: CALCULATOR VISUAL/BY TOUCH							
ACCOUNTING: PAYROLL CREDIT/COLLECTIONS PAYABLE/RECEIVABLES BOOKKEEPING BANK TELLER							
MARKETING: SALES DEMO SHOPPER TELEMARKETING DETAILER/MERCHANDISER SAMPLER CUSTOMER SERVICE							
OTHER EQUIPMENT OR OFFICE SOFTWARE EXPERIENCE: (PLEASE EXPLAIN)							
ASSIGNMENTS YOU ARE LOOKING FOR:				ASSIGNMENTS TO AVOID:			
OTHER EXPERIENCE/SKILLS:				MISCELLANEOUS INFORMATION:			
OFFICE USE ONLY STEEL TOE BOOTS I-9 SAFETY VIDEO SAFETY FORMS UA (DATE)							
OTHER NOTES:							

FOR THE AREAS BELOW IN WHICH YOU AVE EXPERIENCE AND WOULD LIKE ASSIGNMENTS, NOTE THE NUBER OF YEARS EXPERIENCE.

RECORD ANY IMPORTANT DETAILS IN THE SPACE PROVIDED BESIDE EACH SKILL.

INDUSTRIAL SKILLS	YRS	MACHINE SKILLS	YRS	BENCHWORK SKILLS	YRS	STRUCTURAL SKILLS	YRS	OTHER SKILLS	YRS
ASSEMBLY LINE		CNC MACHINIST		ELECTRONIC ASSEMB.		METAL WORKER		FOOD HANDLING	
FORKLIFT (SPECIFY)		MACHINE OPERATOR		POWER/HAND TOOLS		ELECTRICIAN		FOREMAN/SUPER.	
INSPECTOR		MACHINIST		SEMI-CONDUCTOR		PAINTER		JANITORIAL	
INVENTORY		MILLWRIGHT		SOLDERING/WIRING		PIPE FITTER		LANDSCAPING	
MATERIAL HANDLING		PRINTER PRESS OPR.		ADDITIONAL SKILLS:		PLUMBER		MECHANIC	
STOCK CLERK		SHEET METAL FABR.				TRADESMAN HELPER		ADDITIONAL SKILLS:	
TRUCK DRIVER		TOOL & DIE MAKER				WELDER (SPECIFY)			
OVERHEAD CRANE		BLUEPRINTS				APARTMENT MAINT.			
DO YOU USE MACHINIST MEASURING TOOLS? YES OR NO (CIRCLE ONE)						CONSTRUCTION			
DO YOU KNOW SHOP MATH? YES OR NO (CIRCLE ONE)						ROOFER			
DO YOU KNOW THE METRIC SCALE? YES OR NO (CIRCLE ONE)									
ARE YOU FAMILIAR WITH A KEYBOARD? YES OR NO (CIRCLE ONE)									
DO YOU HOLD A JOURNEYMAN LICENSE? YES OR NO (CIRCLE ONE) IF YES, WHAT TRADE?									
HAVE YOU COMPLETED A SAFETY TRAINING COURSE? YES OR NO (CIRCLE ONE) IF YES, WHAT COURSE?									

EMPLOYMENT AGREEMENT

I HEARBY AUTHORIZE NAN VADEN'S TEMPLE TEMPS TO ASK THE COMPANIES AND/OR PERSONS LISTED AS REFERENCES ON THIS APPLICATION ANY QUESTIONS CONCERNING ME, MY WORK SKILLS, WORK HABITS AND/OR MY CONDUCT ON THE JOB UNLESS I HAVE INDICATED ON THE APPLICATION THAT I DO NOT WANT THE REFERENCE TO BE CONTACTED.

WHEN EMPLOYED BY NAN VADEN'S TEMPLE TEMPS, I AGREE THAT IF I MAKE CLAIMS AGAINST THE SAID TEMPLE TEMPS FOR PERSONAL INJURIES AT ANY TIME, I WILL SUBMIT MYSELF TO BE EXAMINED BY A DOCTOR OR DOCTORS OF TEMPLE TEMPS CHOICE AS OFTEN AS MAY BE REQUESTED.

I UNDERSTAND THAT THE TERM OF MY EMPLOYMENT SHALL BE LIMITED TO THE LENGTH OF ANY TEMPORARY ASSIGNMENT. X _____

I ACCEPT AND I FURTHER UNDERSTAND THAT NAN VADEN'S TEMPLE TEMPS IS NOT AN EMPLOYMENT AGENCY. I AGREE THAT MY EMPLOYMENT MAY BE TERMINATED BY NAN VADEN'S TEMPLE TEMPS ANY TIME WITHOUT LIABILITY OF WAGES OR

SIGNATURE

DATE

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2017

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.)

Date

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)
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COMPANY POLICIES

I have been advised of the procedures of Nan Vaden's Temple Temps; regarding any test that may be required for me to be placed on an assignment. I agree that if I do not pass a drug screen test, I will be responsible for the cost of the said test. If I am placed on a temporary assignment after having taken and passed a drug screen and I quit before being on the assignment for eighty hours (80 hours). I agree that Nan Vaden's Temple Temps Inc. will deduct the cost (\$45.00) from my paycheck. If I do not show up for the assignment, I will repay Nan Vaden's Temple Temps Inc. for the cost of the drug test. I understand on some assignments a background check may be required. I am authorizing Nan Vaden's Temple Temps Inc. to conduct said background check. I also agree Nan Vaden's Temple Temps Inc. will deduct the cost (\$85.00) from my check for the pulmonary and hearing test if I quit my job before eighty hours (80 hours).

It is important that you understand, if for any reason you may not be able to pass such test, please do not accept the assignment. If you think you may not want to do such work, then please do not accept the assignment. You will be charged for the drug screening if you leave such assignment within two weeks.

I have been advised of, and agree to, that if I am issued a back belt and I do not return it after the assignment is completed, a sum of \$35.00 will be deducted from my paycheck. I also agree that \$4.00 or \$8.00 (depending on the type of safety glasses) will be deducted from my paycheck for the purchase of the safety glasses. \$5.00 will also be deducted if gloves are required for the assignment.

My signature is acknowledging these policies and constitutes as a warning. Violation of ANY of these shall result in my termination on the first occurrence.

X_____

EMPLOYEE'S SIGNATURE

X_____

DATE

EMPLOYER'S SIGNATURE

COMPANY POLICIES

I have been advised after being placed on an assignment, I am to conduct myself in a responsible manner. This is to include, but not limit to reporting to work on time, reporting to work on the days I am scheduled to be there, calling my supervisor on the job assignment and calling the office of Nan Vaden's Temple Temps Inc. at least 2 hours before my shift starts if I am going to be late or unable to report to work. This includes any day that I am scheduled to be there. I understand that failure to do this will result in being terminated from the assignment.

I understand that I am to notify the office of Nan Vaden's Temple Temps Inc. immediately if I have completed the assignment and if I am available for other assignments. If I do not call, Nan Vaden's Temple Temps Inc. may assume that I am not available for further assignments and unemployment benefits may be denied.

I also understand that if I am over-paid on a paycheck, I authorize Nan Vaden's Temple Temps Inc. to deduct the overpayment amount from my next paycheck. If necessary, Nan Vaden's Temple Temps Inc. will be glad to work this out so the total amount will not be corrected immediately.

*A lot of temporary assignments may become full time positions for temporary employees. Caution: the company that you are assigned to will be watching your work ethics, how well you do your job, how well you work with others and also if you miss days, tardiness, or conduct your behavior. I will advise you not to "bug" the supervisor about going full time. If the company wants to put you on their payroll, you **MUST WORK 240 REGULAR HOURS** (not including overtime) before you will be eligible to do so.*

My signature acknowledges these policies and constitutes as a warning. Violation of ANY of these shall result in my termination on the first occurrence.

X_____ X_____

Employee's Signature

Date

Employer's Signature

Certification Form

I certify that I reviewed a copy of Nan Vaden's Temple Temps Inc. Publication, Safety Policies & Guidelines for Employees which includes policies, guidelines and rules. These have been reviewed with me and I will abide by them throughout my employment.

I understand that violating these rules could endanger others or me. I also understand that if I do not abide by these rules I could be dismissed from Temple Temps within 24 hours.

I further understand that the sale or use of drugs and/or intoxicating beverages while on a Temple Temps assignment is strictly prohibited. I understand that I may be checked for drugs and/or alcohol if I am injured on the job and go to a medical facility for treatment. If I do go to a medical facility for treatment, I give permission for the release of information to Nan Vaden's Temple Temps.

My signature certifies that I have reviewed and understand these safety instructions and agree to abide by them.

X _____

Employee Name (Print)

X _____

Date

X _____

Employee Signature

Employer's Signature

Date

EMPLOYMENT AGREEMENT & CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Nan Vaden's Temple Temps to submit to a drug or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory of other testing facility to release any and all documentation relating to such test to the company and/or to any governmental entity involved in legal proceeding or investigation connected with the test.

I will hold harmless the company, its company physician, and any testing laboratory the company might use; meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a company or laboratory representative make an error in the administration of analysis of the test or the reporting of the results. I will further hold harmless the company, its company physician, and any testing laboratory the company might use for an alleged harm to me that might result from the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

EMPLOYEE NAME (PRINT): X_____

DATE: X_____

EMPLOYEE SIGNATURE: X_____

DOB: X_____

SOCIAL SECURITY NUMBER: X_____

EMPLOYMENT ACKNOWLEDGEMENT OF WORKER'S COMPENSATION NETWORK

I have received information that tells me how to get health care under my employer's workers compensation insurance.

If I am hurt on the job and I live in a service area described in this information. I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 ext. 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

X_____ X_____

Employee Name (Print)

Date

X_____

Employee Signature

I live at: X_____

Name of Employer: NAN VADEN'S TEMPLE TEMPS, INC.

Name of Network: Texas Star Network Network Service Areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

PLEASE INDICATE IF THIS IS THE: ____Initial Employee Notification

Injury Notification (Date of Injury: / /)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED.