We consider all applicants without regard to race, color, religion, sex, marital status, sexual orientation, national origin, age, disability, arrest and court record or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, we comply with applicable state and local laws prohibiting discrimination in every jurisdiction in which we operate.

Please print. Answer all questions completely and provide exact dates.

Employment Information

TALTRES. simplicity^{HR*}

DATE:	-
INTERVIEWED BY:	Ī

LAST NAME FIRST NAME			MIDDLE NAME				TODAY'S DATE			
CURRENT STREET ADDRESS		CITY	CITY		STATE		HOW LONG HAVE YOU LIVED AT CURRENT ADDRE			
PREVIOUS STREET ADDRESS		CITY		STATE		ZIP	YR	MO V LONG?		
LKEAIOOP SIKEEI ANDKESS			CITY		STATE					
HOME PHONE	ALTERNATE PHONE CELL	ULAR/PAGER	EMA	AIL ADDRESS			—— YR —	MO		
								WHEN ARE YOU AVAILABLE TO START?		
IN CASE OF EMERGENCY CON	ITACT: NAME		TELE	PHONE				HOW DID YOU HEAR OF US?		
EDUCATION	SCHOOL NAME		CITY/STATE		MAJOR	GRADE POINT	TYPE OF DEGREE	- HOW DID TOO HEAR OF 039		
HIGH SCHOOL										
COLLEGE								HAVE YOU EVER APPLIED OR WORKED FO ALTRES BEFORE?		
TRADE, BUSINESS OR OTHER										
EMPLOYMENT HISTORY: PLEA	SE LIST YOUR LAST 3 JOBS, MOST RECENT FIRE	ST. ARE YOU CURRE	NTLY EMPLO	YED? IF YES, \	VHERE?	1				
	MOST RECENT JOB: FROM / /	TO / /	Pl	RIOR JOB FROM / /	TO / /		NEXT PRIOR JO	OB FROM / / TO / /		
TITLE										
COMPANY & DIVISION										
ADDRESS										
TELEPHONE										
SUPERVISOR/TITLE										
TYPE OF BUSINESS										
DUTIES(S)/RESPONSIBILITIES										
REASON FOR LEAVING THIS JOB	MAY WE CONTACT THEM FOR A REFERENCE? YES NO M		MAY WE CONTACT THEM FOR A REFERENCE? YES NO IF NOT, WHY?				MAY WE CONTACT THEM FOR A REFERENCE? YES NO IF NOT, WHY?			
BUSINESS REFERENCES (CO-W	ORKERS & PREVIOUS MANAGERS)									
NAME/TITLE COMPANY		PHONE		NAME/TITLE			COMPANY	PHONE		
What position are you apply		DESIRED BENEFITS								

WHAT IS THE WIDEALW ALEXT DOCUTION LEOD VOLID	I								
VHAT IS THE "IDEAL" NEXT POSITION FOR YOU?			WHAT MATTERS MOST TO YOU IN A JOB?						
OREIGN LANGUAGE PROFICIENCY	WRITE		SPEAK	RE	AD				
HAVE YOU EVER BEEN LICENSED OR BONDED?	YES NO	HAVE YOU EVER SERVE	ED IN THE U.S. ARMED FORCES?	S NO	ARE Y	OU AT LEAST 18 YEAR	RS OF AGE? YES	NO	
VHAT SPECIAL SKILLS CAN YOU CONTRIBUTE?	WILL YOU USE YOUR C	OWN TRANSPORATION OR P	UBLIC TRANSPORTATION FOR WORK?						
IST YOUR MINIMUM TO PREFERRED SALARY OR HOURLY PA	PF		ANY DAYS OR HOURS NOT AVAILABLE?						
S THERE ANYTHING THAT WOULD PREVENT YOU F OSITION FOR WHICH YOU ARE SEEKING EMPLOY		EASONABLE AND SAFE	MANNER, THE ACTIVITIES INVOLVE						
s there anything else you want us to know abo	UT YOU?								
VHO ELSE DO YOU KNOW WHO MAY BE LOOKING FOR	WORK? NAM	E	PHONE NUMBER		NA	AME	PHON	IE NUMBER	
cackground, and conviction record (if and as permitted his investigation. I. I authorize and request that my present and former comer, and all providers of information from any and of a lauthorize ALTRES to release any information about elease ALTRES from any and all liabilities, damages, but the ALTRES from any and all liabilities, damages, but the examination or screening. If employed, I agree to sost-employment medical examinations and/or screen of the examination of the examination and/or screen of the examination and/or screen of the examination and of the examination pertaining to lawsuits or other legal proceeding company, or entity other than ALTRES and/or the customation application is not an implied or express contraining at the option of ALTRES, the customer, or myself, the examination and representation of the examination of the examination and the examinat	employers, educational install liability relating to or arising to me that it may obtain from or consequences associated equired by ALTRES and/or the property of the property	itutions attended, and reference from furnishing the requency source to ALTRES cust with such disclosure. The customer to undergo a station (or screening for all a disclosed to the appropriation matters. In the end of the customer, included the customer, included the customer, included the customer in the customer the cus	prences furnish information regarding uested information. omers or referrals which may be interpre-employment medical examination cohol and/or drugs) at ALTRES' or the interpretation of an occupational injury or illnes jury or illnes to ALTRES may result in uding client lists, personnel informatic tee that the use, communication, dupliful including dismissal, and may also recomment for any specific period. I undergover the communication of the co	my work history, educe ested in employing me and/or screening for customer's request, coess, my exclusive reme a delay in receiving bean, internal communication and/or distribute sult in legal action.	ation, character, e or otherwise er alcohol and/or insistent with app dy for such injurenefits. Itions, computer tion of such info	reputation, and back ngaging my services, of drugs, with the offer of plicable law. I hereby of ry or illness shall be pu programs, price lists, rmation for personal b	ground. I hereby release and specifically hold ALT of employment conditions consent to having the resursuant to ALTRES' works business plans, financial enefit or for the benefit of	e ALTRES, the cus- RES harmless and ed on the result of ults of any pre- or ers' compensation statements, infor- of another person,	
Signature	Print Nar	me		_ Date					
ARBITRATION POLICY Decause of the delay and expense that results from the suny controversies concerning compensation, employ nALTRES, and/or between myself and the ALTRES custony employment, harassment and/or discrimination of the sun and the su	nent, or termination of emplo omer, and/or arising out of a myself in the workplace and	oyment, rather than to use my transaction or occurre	the court system. If I am offered em nce at my workplace, concerning any	ployment, I expressly aspect of my employ	and knowingly on ment including, b	agree that if any dispo but not limited to, my d	ute should ever arise be compensation, the terms	tween myself and and conditions of	
Signature	Print Nar	me		_ Date					