



**EMPLOYMENT APPLICATION**

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ARE YOU OVER 18? YES  NO

PRIMARY PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR COMPANY? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

POSITION APPLIED FOR: (IF APPLICABLE) \_\_\_\_\_

ARE THERE ANY REASONS WHY YOU WOULD BE UNABLE TO PERFORM THE TASKS INVOLVED IN THE POSITION YOU ARE APPLYING FOR? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL GRADUATE OR GED? YES  NO  WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_ DATES: \_\_\_\_\_ DEGREE: \_\_\_\_\_

VO-TECH/SKILLS: \_\_\_\_\_

**REFERENCES**

**NAME**

**PHONE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**EMPLOYMENT HISTORY:**

**DATES:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **PAY:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **PAY:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **PAY:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**PLEASE LIST SPECIAL SKILLS/EXPERIENCE:**

I understand and agree that: Any material misrepresentation or deliberate omission or a fact in my application may result in refusal of, or if employed immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. It is my understanding that Cherokee Temps, Inc. will make a thorough investigation of my entire work history and may verify all data given in my applications for employment, related papers, and oral interview. I authorize such investigation and the giving and receiving of any information requested by Cherokee Temps, Inc. or myself at any time with or without notice or cause and without liability for wages or salary except such as may have been earned at the date of such termination. I further understand that this is an application for employment and that no employment contract is being offered, nor will any result from my employment with Cherokee Temps, Inc. I understand that if I am employed, such employment is for no definite period of time and that Cherokee Temps, Inc. can change wages, benefits and conditions at any time. I acknowledge that any oral representation or written statements which may have been made to me to the contrary of this paragraph are expressly disavowed and may not be relied upon.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**PAYROLL DEDUCTION AUTHORIZATION AGREEMENT**

Employee Name \_\_\_\_\_

I hereby authorize Cherokee Temps, Inc. to make deductions from any compensation that may be due to me, up to and including the total amount for any of the following:

Reasonable replacement cost of keys, training materials, tools, supplies, uniforms, etc. supplied to me by the Client which are not returned upon request.

Stop payment fees for lost payroll checks.

Other (loan, advanced sick leave, company monies, damages, etc.)

I have read this agreement and fully understand its contents and agree to its terms.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTIFICATION OF ASSIGNMENT**

As a condition of my employment, I understand that it is my responsibility to contact Cherokee Temps, Inc. at the end of each assignment. Failure to contact Cherokee Temps, Inc. will deem me to have left work voluntarily and be ineligible for unemployment benefits.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



## FCRA AUTHORIZATION TO OBTAIN A CONSUMER REPORT

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Cherokee Temps, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Cherokee Temps, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Please check this box if you would like to receive a copy of your consumer report if one is obtained by Cherokee Temps.

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Signature

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Date



**FCRA DISCLOSURE STATEMENT**

By this document, Cherokee Temps, Inc. discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

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Signature

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Date

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Printed Name