

Social Security - -

Personal Information

Name: _____ Initial: _____ Last Name: _____

Nickname: _____ Birthday (Month, Day): _____

Address: _____ Town Area: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Answering Machine?: _____ E-mail: _____

Alternate Phone 1: _____ Alternate Phone 2: _____

Emergency Contact Name: _____ Phone: _____

Current Employment Information

Company Name: _____ Location: _____

Position / Job Title: _____ Department: _____ Work Phone: _____

Supervisor Name: _____ Phone: _____

May we contact your current employer? Yes No

Do you operate a vehicle in the course of your employment? Yes No
(To be authorized to operate a vehicle, you will need to provide a copy of your driving record and proof of insurance.)

Employment Agreement

I understand that Alliance Staffing Resource Services, Inc. is my employer, not the company where I perform work, and that I am not entitled to participate in any benefit plan offered by company.

I understand that my employment is at will, and may be terminated at any time. I agree to submit any dispute relating to my employment, including discrimination or termination issues, to binding arbitration (but not including workers' compensation matters and unemployment issues). I understand that I am waiving my right to a jury trial and that arbitration will be the sole and exclusive remedy to resolve any such disputes.

I certify that I am 18 years of age or older, and that I have a legal right to work in the U.S.

Applicant Signature: _____ Date: _____

DO NOT WRITE IN THIS AREA