

Today's Date	WE ARE AN EQUAL OPPORTUNITY EMPLOYER	Email Address
--------------	---	---------------

Name -Last	First	MI	Home Phone	Cell Phone
------------	-------	----	------------	------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Emergency contact	Phone	Address
-------------------	-------	---------

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 #	State
---	-----------	-------

HOW DID YOU HEAR ABOUT US?	
Referral's name	

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?	Other
---	--	-------

Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
--	--

W-4 Form Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate	OMB NO.1545-0074 20
--	--	-------------------------------

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	5
6 Additional amount, if any, you want withheld from each paycheck.	6 \$
7 I claim exemption from withholding, 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. <input type="checkbox"/>	

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 ►

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

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

Start Date: _____ End Date: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

PREVIOUS TEMPORARY EMPLOYMENT

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

Address: _____ Supervisor: _____

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

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

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

Address: _____ Supervisor: _____

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

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

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

Address: _____ Supervisor: _____

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

Responsibilities: _____

Start Date: _____ End Date: _____ 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 Policies and Guidelines 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"/>	Company Name	Phone <input type="checkbox"/>	Company Name	Phone <input type="checkbox"/>
		Mail <input type="checkbox"/>		Mail <input type="checkbox"/>		Mail <input type="checkbox"/>

Recruiter's Notes
