

TEMPORARY APPLICATION

Address	PERSONAL							REV'D 1/17	
How long have you lived in CT?	Last Name:		Address:						
Hame Phone:	First Name:	M.I	City:		State	:	Zip:		
Cell Phone:			How long have you lived	l in CT?			-		
Call Phone:	Home Phone:		Social Socurity #				Are you 18 year	ars or older?	
Are you legally eligible for employment in the USA? YES NO Available to Start: Days Available: If you was a start of Minutes and you was a start of Min	Cell Phone:		Social Security #:				YES	NO	
No			E-mail Address:						
Available to Start: Days Available: M TU W TH F SA SU Own Car Bus line_ Access to Car Get Ride Distance you are willing to travel? # of Miles # of Minutes/Hours	Are you legally eligible for employment	ent in the USA?	Emergency Contact Name:				•		
Days Available: N TU W TH F SA SU Own Car Bus line Access to Car Get Ride	YES NO)	Phone:				\$		
Distance you are willing to travel? # of Miles	Available to Start:		Transportation how will	you travel to	work	:			
Shift Available: Can you work on holidays? YES NO Other employment agencies worked for: Three primary administrative skills: 1)	Days Available: M TU W T	H F SA SU	Own Car Bus	line	Acc	ess to Car	_ Get Ride		
Can you work on holidays? YES NO Three primary administrative skills: 1)	Shift Available: 1 st 2 nd 3 rd								
Three primary administrative skills: 1)	Can you work on holidays? YES NO		# of Miles # of Minutes/Hours						
BDUCATION High School: College or University Attended: Major: Minor: GPA: Did you graduate? From: To: College or University Attended: From: To: EMPLOYMENT HISTORY (Most Recent First) Dates: From: To: Phone: Duties & Responsibilities: Employer: Address: Dates: From: To: Address: Phone: Phone: Phone: Phone: Outles & Responsibilities: Dates: From: To: Address: Phone: Phone: Phone: Phone: Outles & Responsibilities: Dates: From: To: Address: Phone: Phone: Phone: Address: Phone: Phone: Outles & Responsibilities: Dates: From: To: Address: Phone: Reason for Leaving: Phone: Outles & Responsibilities: Dates: From: To: Buployer: Address: Hourly Salary: Reason for Leaving: Phone: Outles & Responsibilities: Dates: From: To: Buployer: Address: Phone: Reason for Leaving: Reason for Leaving: Phone: Outles & Responsibilities: Dates: From: To: Buployer: Address: Phone: Reason for Leaving: Phone: Outles & Responsibilities: Dates: From: To: Buployer: Address: Phone: Reason for Leaving: Phone: Outles & Responsibilities: Reason for Leaving:	Three primary administrative skills:		Other employment agend	cies worked t	for:				
BIDUCATION High School:			How did you hear about Reitman?		2)				
BIDUCATION High School:	3)					3)			
GED? YES NO Year: College or University Attended: Major: Minor: GPA: Degree/Certificate: EMPLOYMENT HISTORY (Most Recent First) Dates: From: Employer: Address: Phone: To: Phone: Duties & Responsibilities: Dates: From: Employer: Address: Phone: To: Phone: Duties & Responsibilities: Phone: To: Phone: Dates: From: Employer: Address: Phone: Duties & Responsibilities: Phone: To: Phone: Dates: From: Employer: Address: Phone: Duties & Responsibilities: Phone: Duties & Responsibilities: Phone: Duties & Responsibilities: Phone: Duties & Responsibilities: Phone: Dates: From: Reason for Leaving: Phone: To: Phone: Phone: To: Phone: Pho	EDUCATION								
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CANDIDATE HIRE AGREEMENT (Please Read Carefully):

Reitman Personnel (RP) is an Equal Opportunity and Drug Free Employer. Your signature indicates your understanding and agreement to the following:

- Your employment as a temporary employee is at will.
- Once I have accepted an assignment, I will make every effort to complete it.
- I must call RP within 3 days upon completion of my assignment with my availability; failure to do so will be considered my official resignation. I must continue to notify RP of my availability to remain an active candidate.
- I agree to RP's Temp to Hire policy. If I accept employment without RP's written authorization, I will pay a \$1,000 placement fee and any attorney fees required for collection. For a period of 6 months following the conclusion of my assignment, I will not accept employment at any RP client company where I have been assigned without written authorization.
- In the event a client company's name is divulged to me, I will not accept employment at that client company for a period of 6 months following the date of that discussion (1 year for permanent placement applicants) or I will pay a \$1,000 placement fee and any attorney fees required for collection.
- I authorize RP to collect and release employment references, application information, drug/alcohol tests, criminal background, and credit checks to its clients when required for placement.
- In the event I am injured on the job, my application authorizes RP to provide all relevant injury and employment information including wages, and lost time to their health care provider and insurance carriers and I authorize them to provide treatment and share all medical information.

I received a copy of Reitman's Orientation Booklet. I understand that this agreement and the orientation booklet is my contract with RP and my signature confirms my agreement to all terms and conditions therein, including release of job related application and medical

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Tax Forms Completed:				I.D. Require	ments Me	:	Checked By:		
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MISCELLANEOUS NOTES/SAFETY ISSUES/ACCOMODATIONS REQUIRED: