



www.omsstaffing.com

Applicant's Name: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Job(s) applied for: \_\_\_\_\_

Willing to work as a construction laborer or in any other field?: Yes No

Transportation: Personal Public

Willing to travel between 30-60 miles for work?: Yes No

**PPEs (Personal Protective Equipment) Check all that applicant has.**

Hard Hat

Steel-Toed Boots

Safety Goggles

High Visibility shirt or work vest

Gloves, Brooms, Shovels as needed

**Tools** (Specific to job title) (List tools within your possession)

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**Resume attached to application:** Yes No

**FOR INTERNAL USE ONLY**

**Background:** See application No

Comments

Interviewer: \_\_\_\_\_

Forwarded Resume to: \_\_\_\_\_



# Staff Solutions

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position Applied For: \_\_\_\_\_ Desired Wage: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of the position for which you have applied with or without reasonable accommodation?

Yes \_\_\_ No \_\_\_ (See hiring manager with question about specific job requirements)

### WORK EXPERIENCE - May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor:		Nature of Work and Responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	

From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor:		Nature of Work and Responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	

High School:	Courses:	Year Graduated:
College:	Courses:	Year Graduated:
Military:	Courses:	Year Discharged:

\_\_\_\_\_  
Signature (Electronic)

\_\_\_\_\_  
Date



**NOTICE TO APPLICANT & RELEASE OF INFORMATION**

You are hereby notified that a consumer report or an investigative report will be requested for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or contractor or as part of a specific business application procedure. The report may contain information bearing on your credit worthiness, credit standing, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates, or educational facility. I forever release, absolve and indemnify to the fullest extent allowed by law, this company & OMS for releasing and obtaining any information arising from any and all sources.

I have read and understand the above statement and hereby give my express permission to complete this investigation.

<b>Please Print Legibly</b>				
Company Name:				
First Name:			Last Name:	
Social Security Number:	Date of Birth:	Age:	Gender: Male ____ Female ____	
Current Address:		City:	State:	Zip Code:
County:		How Long?		
Previous Address:		City:	State:	Zip Code:
County:		How Long?		
Driver's License Number:			State:	

\_\_\_\_\_  
Signature (Electronic)

\_\_\_\_\_  
Date



## EMPLOYMENT TERMS

### Industrial Readiness Requirements

I will arrive for work on time and wear work clothing and/or equipment (hard hat, work boots, gloves, safety glasses, safety vests, etc.)

### Physical Requirements

Depending on the job assignments, some jobs may require bending, stooping, lifting, or some form of physical labor. I am required to notify OMS Staff Solutions in writing of any concerns regarding and limitations of the above mentioned.

### Drug Testing/Criminal Background Policy

I understand that according to OMS Staff Solutions' policy, I may be required to submit to a drug screening and criminal background check. I understand that these tests are taken at the expense of OMS Staff Solutions if the results are negative. If the results are positive, I will be charged for the drug screening and I hereby authorize the cost to be deducted from my final pay.

### Theft

If any theft of any kind occurs (including altering a company timesheet), you hereby authorize the amount of money to be deducted from your paycheck and you will be terminated immediately.

### Job Related Injuries

In the case of injury on the job, I understand that I must notify OMS Staff Solutions immediately, upon doing so, OMS Staff Solutions will arrange for medical care at one of our medical providers. A post-injury drug screening is mandatory.

### On Time Policy

As an employee of OMS Staff Solutions, I understand that I am required to arrive at the job site **on time** as assigned by OMS Staff Solutions. I am not required to report to the OMS Staff Solutions office and should report directly to the job site; however, if I cannot report to the job or choose to terminate my assignment, **I must give 24 hours' notice on a daily assignment and 48 hours advance notice on a weekly assignment or I agree to accept minimum wage pay and I am subject to immediate termination.** I further understand that OMS Staff Solutions has 24/7 voice mail available so that I may reach them at any time to leave a message. OMS Staff Solutions in no way assumes liability during the course of transportation and I hereby waive any claims against OMS Staff Solutions. Furthermore, I agree to hold OMS Staff Solutions harmless from any liability. I also understand that OMS Staff Solutions does not require me to utilize any specific mode of transportation and that unless it is specified as a requirement in writing, I am not considered employed until my arrival at the jobsite, and I am no longer employed once I leave the jobsite. If my assignment has ended, I am not required to report to OMS Staff Solutions office daily, but must notify OMS Staff Solutions through some mode of communication that I am available to work by 5:30 a.m. each day until I am placed on a new assignment. If I fail to do so, this constitutes voluntary separation. If you do not have any mode of communication, you may elect to visit our office and verify that positions are available on the job board. These positions are filled on a first come first served basis with earliest time filled first.

### Term

I, as the employee, agree that for the period beginning on the date of the agreement and ending 12 months from the termination date of employment, will not directly seek employment with Client companies or employment agencies who service an OMS Staff Solutions client that I was assigned to while employed through OMS Staff Solutions without OMS Staff Solutions' written consent. OMS Staff Solutions shall not unreasonably withhold this request in the event that OMS Staff Solutions allows the Client Company an early buy out of Employee's services or an employee satisfies the hours worked hiring requirements to become a permanent employee of the Client Company. Employee agrees that he/she must retain one year of direct employment for the Client Company prior to transferring to another employment agency offering services for the same client.

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Signature (Electronic)

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Date





**Staff Solutions**

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

**Overview of Procedures:**

We are a company that strives to remain in good standing with all of our clients and provide quality employment needs.

Below is a list of OMS Staff Solutions Market policies that you will be required to adhere to in order to be considered an employee in good standing:

1. Employees are required to check in with their OMS branch on the first day of a new job assignment. If an employee does not check in, they will be considered a no call/no show and replaced.
2. Reporting time is 15 minutes prior to start time on job sites (example: job start time 7:30, must arrive at 7:15).
3. Dress Code:
  - a. Pants must not fall below an employee’s waist line at any time
  - b. Employees are NOT permitted to wear another staffing company T-Shirt on any OMS job site.
  - c. Shirt must have sleeves and employees are required to wear long pants on job sites, NO shorts.
4. Employees MUST have PPE (hard hat, safety glasses, vest, and steel toed boots) on a required job site.
5. Per OMS policy, there is to be NO cell phone on your person during work hours. Cell phone use is permitted ONLY during breaks or lunches. If this policy is not adhered to, an employee will receive one (1) warning, after that the employee will be terminated. (If a family emergency arises, have them contact your OMS branch and we will contact your job site supervisor.)
6. All EMPLOYEES are responsible for their own time. We provide time sheets to use on each job site. It is your responsibility to get more time sheets when you start to run out. It is also the EMPLOYEE’S responsibility to make sure your time is turned in.
7. Upon completion of a job assignment, it is the EMPLOYEE’S responsibility to contact their OMS Staff Solutions branch and notify us of your availability.

Employee Signature (Electronic)

Date

Staff Signature (Electronic)

Date

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Effective Date:
Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:

**CHOOSE YOUR METHOD OF DIRECT DEPOSIT:**


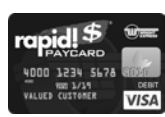
I request my payroll deduction / direct deposit be placed in the following account(s):

BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
#		#	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
#		#	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

**PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.**

**AND / OR:**

**rapid! PayCard Issuance Authorization Form**

  	Financial Institution Name: The Bancorp Bank	<b>DEDUCTION AMOUNT / NET PAY</b>  <input type="checkbox"/> \$ _____  or  <input type="checkbox"/> 100%
	Direct Deposit Account Number: <b>933 -</b> _____ <small>(Card ID on front of envelope)</small>	
	To be assigned and entered by OMS GROUP	
	Routing Number: <b>0311-0116-9</b>	

I authorize OMS GROUP to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize OMS GROUP to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify OMS GROUP in writing of my intent to cancel. Upon OMS GROUP's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize OMS GROUP to debit my account(s) not to exceed the original amount of the credit.

I understand that OMS GROUP reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

**Note:** *If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.*

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