



AN EQUAL OPPORTUNITY EMPLOYER

State & Federal Law Prohibits
Discrimination Based on Age,
Sex, or National Origin

Name _____ Today's date _____

Address _____ Birthday _____

_____ SSN _____

Cell phone _____ Home phone _____

Emergency contact info:

_____ (name & relationship to you)

_____ (phone number)

What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday	What shifts / hours are you available to work? <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift	Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you ride a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No How far would you commute to work? _____ (minutes) or _____ (miles)
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PREVIOUS EMPLOYMENT				
<i>Please list your last five (5) years of employment, beginning with the most recent</i>				
Start date	Company name	\$ _____ /HR	Job Title	Was this through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
End date	Phone	Supervisor	Reason for leaving	Temp agency name
Start date	Company name	\$ _____ /HR	Job Title	Was this through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
End date	Phone	Supervisor	Reason for leaving	Temp agency name
Start date	Company name	\$ _____ /HR	Job Title	Was this through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
End date	Phone	Supervisor	Reason for leaving	Temp agency name
Start date	Company name	\$ _____ /HR	Job Title	Was this through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
End date	Phone	Supervisor	Reason for leaving	Temp agency name

I, _____ (print name), hereby authorize my prior employer(s) to release any and all information relating to my employment with them to Take Charge Staffing. I further release and hold harmless both my prior employer(s) and Take Charge Staffing from any and all liability that may potentially result from the release and/or use of such information.

_____ (signed)

_____ (dated)

EDUCATION (CHECK ALL THAT APPLY TO YOU):

- Completed High School – if not completed, list highest grade completed _____
- GED
- College, Business, or Trade School Degree _____

CHECK ALL SKILLS WHERE YOU HAVE WORK EXPERIENCE:

Industrial Skills <input type="checkbox"/> Carpentry <input type="checkbox"/> Saw operator <input type="checkbox"/> Router <input type="checkbox"/> Print Shop <input type="checkbox"/> Marble Shop <input type="checkbox"/> Injection Molding <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> Janitorial <input type="checkbox"/> Other (list any other industrial skills) _____	Sheetmetal <input type="checkbox"/> Cutting Torch <input type="checkbox"/> Grinding <input type="checkbox"/> Buffer Warehouse <input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Forklift-Stand Up <input type="checkbox"/> Forklift-Sit Down <input type="checkbox"/> Forklift Certified	Welding <input type="checkbox"/> Mig <input type="checkbox"/> Tig <input type="checkbox"/> Fluxcore <input type="checkbox"/> Blueprint Reading <input type="checkbox"/> Certified Welder Assembly <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Packing	Machine Operation <input type="checkbox"/> CNC Operator <input type="checkbox"/> CNC Programmer <input type="checkbox"/> Sheer Press <input type="checkbox"/> Punch Press <input type="checkbox"/> Lathe <input type="checkbox"/> Mill <input type="checkbox"/> Manual Machinist <input type="checkbox"/> Machine Maintenance <input type="checkbox"/> Machine Repair	Clerical / Professional Skills <input type="checkbox"/> Windows <input type="checkbox"/> Microsoft Office <input type="checkbox"/> Typing: WPM _____ <input type="checkbox"/> Data Entry: KSPH _____ <input type="checkbox"/> Telemarketing <input type="checkbox"/> Mailroom <input type="checkbox"/> Telephone <input type="checkbox"/> Customer Service <input type="checkbox"/> Insurance <input type="checkbox"/> Other _____	<input type="checkbox"/> Quickbooks <input type="checkbox"/> Peachtree <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Full Charge Bookkeeping <input type="checkbox"/> Collections <input type="checkbox"/> Payroll <input type="checkbox"/> Foreign Language _____
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HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

If yes, please list all:	CONVICTION(S)	DATE(S)	COUNTY & STATE	CURRENT DISPOSITION
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

NOTE: A conviction will not automatically eliminate you from consideration for employment, but may be considered in relation to specific job requirements

PROFESSIONAL REFERENCES:

Name	Phone Number	How do you know this person?

SAFETY POLICY

Take Charge Staffing wishes to provide a safe place for each of our employees to work. Take Charge Staffing takes the health and well-being of each employee very seriously, and the cooperation of every employee is a vital part of ensuring that each worksite remains a safe place to work. Any willful, habitual, or intentional violation of safety rules will be considered cause for immediate termination. Help yourself and help others by reporting any unsafe conditions or hazards immediately to your worksite supervisor, as well as to a member of the Take Charge Staffing team. Pay attention and follow all rules of safety presented to you by employee handbooks, posters, worksite training, and instructions with your worksite supervisor. Safety is our number one priority – please make it yours as well.

Please initial next to each of the following guidelines, indicating that you have read and agree to each:

- _____ Observe and practice all safety procedures for any job you are assigned
- _____ Report any injury immediately to your worksite supervisor and to a Take Charge Staffing representative, no matter how minor you believe the injury to be
- _____ Report any unsafe condition or unsafe behavior of others immediately to your worksite supervisor and a Take Charge Staffing representative
- _____ Wear all protective equipment required for your assignment, such as goggles / safety glasses, masks, gloves, steel-toed boots, hair nets, etc.
- _____ Do not operate any machinery unless specifically authorized to do so
- _____ If authorized to operate a forklift or other motorized vehicle, do not exceed a speed that is safe for you or your coworkers

RELEASE AUTHORIZATION

I, the undersigned, hereby designate Take Charge Staffing as my agent and authorize all former employers and others given by me as a reference to answer all questions and verify any information related to this application or in any way concerning me. I understand that an investigative report may be requested that will include information regarding my character, work habits, performance, experience, and may include reasons for termination from previous employers. I further understand that Take Charge Staffing or its agents may request information relating to my motor vehicle operation history or criminal history using the birth date I provide. If employed by Take Charge Staffing, I agree that if I ever make any claim against Take Charge Staffing for personal injury, I may be required to submit to a drug or intoxication screening and other examinations by a physician of Take Charge Staffing's choosing. As an at-will employee, I understand that I may be terminated at any time without any liability except for wages I have earned prior to my termination. I agree that any information obtained by Take Charge Staffing about me may be released to client companies of Take Charge Staffing. I understand and agree that Take Charge Staffing accepting my job application does not constitute an offer for employment, nor does it guarantee that a position for which I am qualified is currently available. I further understand that Take Charge Staffing is under no obligation to hire me.

By signing below, I acknowledge that I was provided a copy of Take Charge Staffing's Policies and Procedures Manual to review. I further agree that I have carefully read and agree to abide by all of Take Charge Staffing's policies and procedures. I understand that not following such policies may result in termination of my employment at any time. I certify that the information provided by me on this application is true and correct to the best of my knowledge. Any false or misleading information I have provided in the application packet or stated verbally to any Take Charge Staffing representative may be grounds for rejecting my application or for immediately terminating my employment, regardless of the amount of time that has passed before discovery of such misleading information.

PRINT NAME _____

SIGNATURE _____

DATE _____

Employee Acknowledgment of Drug Test Policy & Authorization to Release Records

Background Authorization

I understand and agree as follows: The information supplied was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) may be considered as cause for rejection, dismissal, and/or discharge. I also understand that I am required to abide by all rules and regulations of **Take Charge Staffing, LLC** (the "Company"). The Company has my authorization to thoroughly investigate my work history and personal history. I understand that the information supplied by me will be utilized as part of the Company's processing procedures, and may include:

- Employment History
- Education (including an authorization to release transcripts)
- Criminal History
- Medical and Professional Licensing
- Motor Vehicle Record(s)
- Residence History and
- References

If necessary, a background check will be conducted to verify the veracity of the information submitted and may be utilized to develop information concerning my character, general reputation, personal characteristics, mode of living, and other relevant information.

Drug Test Policy

I further understand and agree as follows: Many job assignments will require a pre-employment drug screen. If I am required to submit to a drug screen, I understand that I will be required to pay the \$10 cost of the drug screen, and that this \$10 payment will be refunded to me only if I meet the following conditions:

- I must have a clean drug screen
- I must show up on time to the job assignment
- I must work at least one full shift of the job assignment

I understand and agree that I will not be eligible for reimbursement if I fail to meet all of the above requirements.

First name, middle initial, last name

Date of Birth (month/day/year)

Social Security #

Email address

Other names used? Alias, maiden name, married name, etc.

Please list all residences in the past 20 years (use reverse side for additional space if necessary)

Street Address	City, State, Zip	How long?

Signature

Printed Name

Date Signed

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<input type="text"/>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<input type="text"/>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<input type="text"/>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<input type="text"/>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<input type="text"/>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<input type="text"/>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	<input type="text"/>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<input type="text"/>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
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.		5 <input type="text"/>	
City or town, state, and ZIP code		Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 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"/>		6 \$ <input type="text"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <input type="text"/>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <input type="text"/>	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶				7 <input type="text"/>	

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 ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)