



Name of Administaff Client Company (if applicable and known) _____

How did you hear about the position for which you are applying? _____

As part of the application process, Administaff may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
First Name	MI	Last Name	Last 4 Digits of Social Security Number	
Current Mailing Address			How long at current address?	
City	County	State	ZIP Code	
Daytime Telephone ()	Home Telephone ()	E-mail Address		
Position for which you are applying		Date available for work	What is your minimum salary requirement?	
Check the following options you would consider <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		If part-time, specify hours and days available		
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Administaff or the Client Company to which you have applied (e.g., non-compete, confidentiality, non-disclosure)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain and provide a copy of such agreement.				

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
* Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at http://ope.ed.gov/accreditation . It is your responsibility to verify accreditation.				
List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job.				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages that you speak fluently			List any languages that you read/write fluently	
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.				<input type="checkbox"/> Yes <input type="checkbox"/> No



GENERAL INFORMATION

APPLICANT NAME _____

Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 16 years old or over? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Age <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 or over
Were you previously employed by Administaff and/or the Administaff Client Company to which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give dates: From: (month/year) To: (month/year)
Can you perform the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any relatives working for Administaff

EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. Use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Telephone Number ()	
	Name and Title of Supervisor			Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Telephone Number ()	
	Name and Title of Supervisor			Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Telephone Number ()	
	Name and Title of Supervisor			Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Telephone Number ()	
	Name and Title of Supervisor			Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
	Brief Description of Duties			Reason for Leaving	

ADDITIONAL INFORMATION

APPLICANT NAME _____

PREVIOUS EMPLOYMENT	Name of Employer			Type of Business		
	Address		City	State	ZIP Code	
	Title			Telephone Number ()		
	Name and Title of Supervisor			Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$		
	Brief Description of Duties			Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business		
	Address		City	State	ZIP Code	
	Title			Telephone Number ()		
	Name and Title of Supervisor			Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$		
	Brief Description of Duties			Reason for Leaving		

CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

- A. **All Applicants.** Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.
- B. **District of Columbia, Illinois, and Rhode Island Applicants.** Do not respond to the second question (regarding pending charges).
- C. **California Applicants.** Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
- D. **Colorado Applicants.** Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.
- E. **Connecticut Applicants.** You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nulled (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
- F. **Hawaii Applicants.** Do not answer the following two questions.
- G. **Massachusetts Applicants.** Regarding convictions, exclude misdemeanor convictions more than five (5) years old and exclude a first offense for drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbing the peace. Do not respond to the second question (regarding pending charges).
NOTE: An applicant with a sealed record on file with the Massachusetts commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant may answer "no record" to an inquiry herein relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.
- H. **Michigan Applicants.** Regarding pending charges, limit your response to felony offenses.
- I. **Utah Applicants.** Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).

1. Convictions/Pleas. In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRIMINAL RECORDS: If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. <i>Criminal convictions or arrests will not automatically disqualify an applicant from employment.</i>	

ADDITIONAL INFORMATION

APPLICANT NAME _____

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years).

NAME	OCCUPATION/ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.

AGREEMENT (Please read the following statement carefully).

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Administaff any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Administaff, from liability for any damage that may result from furnishing same to Administaff.

I understand that Administaff and its client have agreed that Administaff will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Administaff's workers' compensation insurance policy.

If employed by Administaff and its client company, I agree to abide by the policies and procedures of Administaff and its client company, which include Administaff's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Administaff, the client company or myself. I further understand that no manager or representative of Administaff or its client company other than the president of Administaff has any authority to enter into any agreement, oral or written, on behalf of Administaff for a term of employment or to make any assurance or promise of continued employment.

I understand that Administaff and/or its client company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Administaff as part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that Administaff and/or its client company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Administaff and/or its client company. I understand that any positive drug or alcohol result may preclude my employment.

SIGN AND DATE THE FORM

Applicant's Signature -----	Print Full Name	
	Last 4 Digits of Social Security Number	Date Signed