101 N. Webster Ave. Green Bay WI 54301

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| APELLIDO | | | NOMBRE | | | | | | | SEGUNDO NOMBRE | | | |
| FECHA DE NACIMIENTO / / | | | | | | | | | | | | | |
|  | | Mes | Dia | | Ano | | | | | | | | |
| DIRECCION | | | | | | | | | | # de Apto. | | | |
| CIUDAD | | | | | | ESTADO | | | | C.P. | | | |
| #DE TELEFONO  ( ) - | | | | | | | | | #DE MENSAJE  ( ) - | | | | |
| **TIPO DE TRANSPORTACION** | | | | | | | | | | | | | |
| CARRO PROPIO | CAMION/AUTOBUS | | | BICICLETA | | | | CAMINAR | | | ALGUIEN LO LLEVA | | |
| 1. Que tipo de trabajo(s) esta usted buscando? | | | | | | | | | | | | | |
| Trabajo: | | | | | | | | | | | Turno: | | |
| 2. Que tan lejos puede usted viajar para llegar al trabajo? | | | | | | | | | | | | | |
| 3. Cuanto es el pago minimo que usted aceptaria por hora? | | | | | | | | | | | | | |
| 4. Basado en nuestros reglamentos, Esta usted de acuerdo a realizarse un examen de drogas? | | | | | | | | | | | | | |
| SI ☐ | NO ☐ | | | | | | | | | | | | |
| 5. Nos da autorizacion de chequear su record criminal? | | | | | | | | | | | | | |
| SI ☐ | NO ☐ | | | | | | | | | | | | |
| Por favor escriba la informacion de sus ultimos dos empleos: | | | | | | | | | | | | | |
| 1. Nombre de la Compania | | | | | | | Fechas de Empleo: | | | | De  Mes / Ano | | Hasta  Mes / Ano |
| Trabajo Realizado: | | | | | | | | | | | | | |
| 2. Nombre de la Compania | | | | | | | Fechas de Empleo: | | | | De  Mes / Ano | | Hasta  Mes / Ano |
| Trabajo Realizado: | | | | | | | | | | | | | |
| Firma del Aplicante | | | | | | | | | | | Fecha | | |
| **Uso Interno** | BC |  | SSN | | | E-V | | | New – App | | | Needs-I | |
| ☐ L ☐ I | FAVOR DE TRAER IDENTIFICACION VALIDA Y TARJETA DE SEGURO SOCIAL. | | | | | | | | | | | | |

**PERSONNEL CONNECTION POLICY STATEMENTS**

**Harrassment**

I understand that Personnel Connection is committed to the principle of a dignified work environment and prohibits all forms of harassment, to include, but not limited to sexual, racial, religious or ethnic harassment. Anyone believing they are the recipients of such harassment should notify the Personnel Connection manager immediately.

**Equal Employment Opportunity**

Personnel Connection is an Equal Opportunity Employer. Our policy is simply that applicants for employers will be recruited, selected and hired on the basis of individual merit and ability for the position or positions to be filled. Applicants are selected without discrimination because of race, color, religion, sex or national origin, including handicapped, disabled veterans and veterans. This policy applies both to new hiring and to upgrading, promoting and training within organization.

**Authorization and Consent**

I hereby agree to provide to Personnel Connection and/or a medical provider a specimen of my urine and/or blood for a screening test as requested, to determine the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless. This means I will not sure or hold responsible the parties for any alleged harm to me, such as that which interferes with my obtaining a job or continuing employment, not submitting to the tests; or as a result of the test report (including possible clerical or laboratory error).

I understand the impact of this procedure and authorization and I acknowledge that it has been explained to me in a language I understand and I was told if I have questions about the test they would be answered. I understand this is a legal and binding document because Personnel Connection is sending me for the examination at its expense.

I understand Personnel Connection may require a drug screen test on a random basis, or based on reasonable suspicion of drug use or whenever an on-the-job accident or injury is reported, or when required by a client of Personnel Connection in accordance with Personnel Connection policy, and I authorize and consent to such drug screen results. Per Personnel Connection policy, a positive test result automatically prohibits an individual from working. A positive result after employment will result in termination.

I understand that it is my responsibility to adhere to the policies and procedures as set out on this form and should I have any questions concerning these requirements, I can request further information from the Personnel Connection office personnel at any time.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LAST NAME | | | FIRST NAME | | | | | | | MI. | | | | |
| DATE OF BIRTH / / | | | | | | | | | | | | | | |
|  | | Mo. | Day | | Year | | | | | | | | | |
| ADDRESS | | | | | | | | | | APT. NO. | | | | |
| CITY | | | | | | STATE | | | | ZIP | | | | |
| HOME PHONE  ( ) - | | | | | | | | MESSAGE PHONE  ( ) - | | | | | | |
| **TYPE OF TRANSPORTATION** | | | | | | | | | | | | | | |
| USE OWN VEHICLE | PUBLIC TRANSPORTATION | | | BICYCLE | | | | | WALK | | | | GET RIDE TO WORK | |
| 1. What type of work are you available for? | | | | | | | | | | | | | | |
| Shift: | | | | | | | | | | |  | | | |
| 2. How far are you able to travel to get to work? | | | | | | | | | | | | | | |
| 3. What pay rate are you able to start working for? | | | | | | | | | | | | | | |
| 4. Are you willing to take a drug screen test according to our policy? | | | | | | | | | | | | | | |
| YES ☐ | NO ☐ | | | | | | | | | | | | | |
| 5. Do you authorize us to complete a criminal background check? | | | | | | | | | | | | | | |
| YES ☐ | NO ☐ | | | | | | | | | | | | | |
| Please list your past two employers: | | | | | | | | | | | | | | |
| 1. Company Name | | | | | | | Dates of Employment | | | | From  Mo/ Yr | | | To  Mo/ Yr |
| Duties Performed | | | | | | |  | | | |  | | |  |
| 2. Company Name | | | | | | | Dates of Employment | | | | From  Mo / Yr | | | To  Mo / Yr |
| Duties Performed | | | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | | | Date | | | |
| **Internal Use Only** | BC |  | SSN | | | E-V | | New – App | | | | Needs-I | | |
| ☐ L ☐ I | FAVOR DE TRAER IDENTIFICACION VALIDA Y TARJETA DE SEGURO SOCIAL. | | | | | | | | | | | | | |