

# COMPLETE LABOR AND STAFFING

## EMPLOYMENT APPLICATION

Complete Labor and Staffing is an equal opportunity employer. We promote an honest and comfortable environment for all our employees. Complete Labor and Staffing strives to match the most qualified workers to the needs of our valued clients regardless of race, color, religion, age, sex, marital or veteran status, national origin, disability or any other legally protected status.

LAST NAME, FIRST NAME, MIDDLE INIT.		DATE
ADDRESS		APT. NO.
CITY	STATE	ZIP
HOME TELEPHONE	ALT. TELEPHONE	SOCIAL SECURITY NUMBER
EMAIL ADDRESS		

DATE AVAILABLE FOR WORK	RESUME YES NO	CAR AVAILABLE YES NO	
WHICH DAYS ARE YOU AVAILABLE FOR WORK MON TUE WED · THU · FRI · SAT SUN		What shifts are you available to work?	

**How did you hear about us?** \_\_\_\_\_

### WORK SKILLS

If you have one or more years professional experience in any of the following trades please indicate in the space below the number of years experience for each trade. If you have less than one year experience please place an X on the line.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Auto Mechanic      | <input type="checkbox"/> Demolition               | <input type="checkbox"/> Inspector                   | <input type="checkbox"/> Painter – Roll and Brush |
| <input type="checkbox"/> Bakery             | <input type="checkbox"/> Drywall                  | <input type="checkbox"/> Inventory                   | <input type="checkbox"/> Painter - Spray          |
| <input type="checkbox"/> Bi-Lingual         | <input type="checkbox"/> Electrician              | <input type="checkbox"/> Jack Hammer                 | <input type="checkbox"/> Plumber                  |
| <input type="checkbox"/> Carpenter Framer   | <input type="checkbox"/> Electronic Assembly      | <input type="checkbox"/> Janitorial                  | <input type="checkbox"/> Pressman                 |
| <input type="checkbox"/> Carpenter Finisher | <input type="checkbox"/> Fencing                  | <input type="checkbox"/> Landscaping                 | <input type="checkbox"/> Quality Control          |
| <input type="checkbox"/> Carpet Installer   | <input type="checkbox"/> Food Processing          | <input type="checkbox"/> Line Cook                   | <input type="checkbox"/> Restaurant               |
| <input type="checkbox"/> Cashier            | <input type="checkbox"/> Forklift - Sitting       | <input type="checkbox"/> Load / Unload               | <input type="checkbox"/> Roofing                  |
| <input type="checkbox"/> CDL License        | <input type="checkbox"/> Forklift - Standing      | <input type="checkbox"/> Machine Shop                | <input type="checkbox"/> Shipping / Receiving     |
| <input type="checkbox"/> Cement Finisher    | <input type="checkbox"/> Furniture Mover          | <input type="checkbox"/> Mailing Service             | <input type="checkbox"/> Solderer                 |
| <input type="checkbox"/> Cleaning           | <input type="checkbox"/> Hand Jack                | <input type="checkbox"/> Manufacturing / Fabrication | <input type="checkbox"/> Supervisor               |
| <input type="checkbox"/> Clerical           | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Masonry (Brick, Tile, etc.) | <input type="checkbox"/> Telemarketing            |
| <input type="checkbox"/> Computer Skills    | <input type="checkbox"/> Hotel - Housekeeping     | <input type="checkbox"/> Mechanical Assembly         | <input type="checkbox"/> Welder(type _____)       |
| <input type="checkbox"/> Construction       | <input type="checkbox"/> HVAC                     | <input type="checkbox"/> Packager                    |   |

Please use the space below to list any additional trade skills, certifications, tools, etc. which might be useful in determining job assignments for you.

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Previous Employment		Name of Employer	Pay / hr	Position	Reason for Leaving
FROM	TO				

**Employment Verification Authorization**

I authorize Complete Labor and Staffing, or any representative thereof, to contact my present and past employer(s) for the purpose of confirming my length of employment, wages and other relevant data.

\_\_\_\_\_

Print Name Signature Date

**Consent to Test For Drug/Alcohol In the Event of Work-Related Injury or Illness**

I understand that, as part of its regular employment policy Complete Labor and Staffing requires any employee who suffers a work-related injury or illness to be tested for the presence of drugs and/or alcohol. This testing is to be done at the location where initial treatment for the injury/illness is provided, and is to be conducted in accordance with acceptable medical procedures. I understand that if I refuse to submit to testing, it will be considered as refusal to comply with a reasonable request by my employer and will be cause for dismissal. I further agree to hold harmless Complete Labor And Staffing, its agents, and clients for any and all consequences arising from my testing positive for the use and/or influence of drugs or alcohol at the time of my injury or illness.

\_\_\_\_\_

Print Name Signature Date

**Policy Regarding Dispute Resolution**

I agree that any disputes arising out of my employment, including any claims of discrimination, harassment or wrongful termination, that I believe I have against Complete Labor And Staffing and all other employment related issues (excluding only those claims arising under the National Labor Relations Act or otherwise within the jurisdiction of the National Labor Relations Board) will be resolved by arbitration as my sole remedy. The American Arbitration Association under its Commercial Arbitration Rules shall conduct the arbitration and the decision of the arbitrator shall be final and binding.

**Release of Claims against Complete Labor and Staffing Customers**

I understand that Complete Labor and Staffing (“the company”) provides temporary workers for its customers to work at the customers’ designated job site. In accepting any work assignment, I acknowledge that I am a temporary worker of Complete Labor and Staffing and not an employee of the Company’s customer. If I am ever injured in the course of any work assignment for Complete Labor and Staffing, I agree that I will look only to the Company’s Workman Compensation coverage and not the Company’s customer for any recovery. For myself, and on the behalf of my heirs, executor, personal representatives and assigns, I waive, release, and forever discharge any claim that I may now have or that may later accrue against any customer of the Company which directly or indirectly arises out of any injuries which may occur while I am on a temporary work assignment for the Company. In signing this Release, I understand that I am not waiving or releasing any claims that I may have against the Workman Compensation coverage provided by Complete Labor and Staffing.

**Conditions and Certifications**

In consideration of my employment, I agree to conform to the rules and regulations of Complete Labor And Staffing and I understand that my employment by Complete Labor And Staffing may be terminated at any time by me or Complete Labor And Staffing with or without notice, for any reason. I understand that no Manager, or any other employee or representative of Complete Labor And Staffing other than the Owner(s) of Complete Labor and Staffing, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to any of the foregoing.

Confidentiality Statement: Employees and former employees are prohibited from releasing to any other party any information whatsoever about Complete Labor and Staffing which is of a confidential nature or which could be deemed to constitute a "trade secret." Employees or former employees are further prohibited from using, in any manner whatsoever, information which is confidential, proprietary, or privileged, whether for their personal benefit or gain, or for that of any other person. Any information which has not been disclosed publicly in writing should be treated as confidential and proprietary.

I understand the duties, including physical requirements, of the position for which I am applying with Complete Labor and Staffing and I certify that I am capable of performing the required tasks with or without reasonable accommodation. If after I am hired I am requested to perform work which I am unable to perform due to a disability, I will notify Complete Labor and Staffing so that we may discuss the options for reasonable accommodation.

I understand that Complete Labor and Staffing does not tolerate racial or sexual harassment or discrimination. I have read and understand Complete Labor and Staffing's policy against harassment and discrimination. I understand that I should report any actual racial or sexual harassment or discrimination to any branch personnel or Complete Labor And Staffing management as provided in the policy, and that I am protected against retaliation for having done so.

**Policy Regarding Dispatch Procedure**

I understand that I am not required to work on any particular day and whether I report in to the Complete Labor and Staffing dispatch hall is always my choice. Whenever I wish to register my availability to work, I will visit the dispatch hall and sign in. I know that Complete Labor and Staffing is not required to find work for me and is not required to contact me in any way in order to make work available to me. If I do not report to the dispatch hall and sign in, Complete Labor and Staffing may assume that I am not available for work on that day. I understand that Complete Labor and Staffing follows a "best match for dispatch" policy and not a "first in -first out" policy. I understand that after receiving a job assignment, I am free on my own time to leave the dispatch hall and do as I wish until the job assignment starts. I understand the importance of never being late for a job assignment.

If I have a Repeat Ticket (defined as a request to return to the same job as a later date), I know that I am required to report my availability to Complete Labor And Staffing in the manner indicated by the dispatcher at least one (1) hour before the scheduled start time and that if I do not, then Complete Labor And Staffing may assume that I am not available to return to work.

**Employment**

I understand that my employment with Complete Labor and Staffing is on a day-to-day basis. That is, at the end of the work day, I will be deemed to have quit until I report to the dispatch hall and receive a work assignment at a later date. Failure to request a new assignment may affect eligibility for unemployment compensation. I understand that merely registering my availability to work does not constitute employment, and I am not re-employed until I actually receive a new work assignment.

I acknowledge that a copy of the Company's Employee handbook and Safety Policies have been made available to me. My signature below indicates that I have read and understand company policies.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

Signature

Date

You must complete the form W-4 below so that the proper amount of taxes may be withheld from your paychecks. If you qualify, you may also complete form W-5 for advance payment of earned income credit. Worksheets and instructions are available at the front counter to assist you in determining whether you qualify for earned income credit and to compute the proper number of allowances for withholding.

Complete Labor And Staffing reports all income to state and federal agencies and issues W-2 (withholding statements at the end of each year). Your W-2 will be mailed to the address provided.

## Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.**

# 2023

<b>Step 1: Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Reserved for future use.

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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