

CPS CERTIFIED PERSONNEL SERVICE AGENCY, INC.

PLEASE PRINT ALL INFORMATION IN INK

NAME (as it appears on Social Security Card)

Address City State Zip

Home Number Work Number Cell Number

Email Address

MARK THE APPROPRIATE BOXES

If hired it will be necessary to present identification in accordance with IRCA requirements.

Hours you are willing to work: Day Swing Graveyard Temp.

Full-time Part-time Over-time

Days you are willing to work: Mon. Tues. Wed. Thurs.

Fri. Sat. Sun.

Valid Driver's License (if required for job): Yes No State _____ License # _____
Class _____ Endorsements _____ Restrictions _____

Mode of Transportation: Car Bus Bike Motorcycle Other

How many miles are you willing to travel to work (one way)?

Are you enrolled in school? Yes No

Highest grade completed? 7 8 9 10 11 12 13 14 15 16

Are you a high school graduate? Yes No

Do you have a GED? Yes No

Are you a college graduate? Yes No Major/Degree: _____

Occupational License(s)/Additional Training _____

What is your lowest acceptable starting wage: \$ _____ Per Hr. Month

Do you consent to a criminal background check? Yes No

Do you consent to a drug test? Yes No

We are an equal opportunity employer.

La Grande Corporate
POB 70
La Grande, OR 97850
541-963-6678
541-963-5213 FAX

Redmond Office
POB 514
Redmond, OR 97756
541-504-9675
541-504-0590 FAX

Hermiston Office
505 N. First Place
Hermiston, OR 97838
541-564-7862
541-564-7874 FAX

www.cpsagency.com

CHECK OFF SKILLS BELOW WHICH YOU HAVE WORK EXPERIENCE IN:

(The more information you provide, the better the chance of matching your qualifications to our client's requirements.)

Office Skills:	<input type="checkbox"/> Cash Handling	<input type="checkbox"/> Filing	<input type="checkbox"/> Receivables	<input type="checkbox"/> Payables
	<input type="checkbox"/> Copy/Fax/Scan	<input type="checkbox"/> Payroll Processing	<input type="checkbox"/> Transcription	<input type="checkbox"/> Data Entry
	<input type="checkbox"/> Credit/Collection	<input type="checkbox"/> Multi-line-Phones	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sales
	<input type="checkbox"/> Customer Service	<input type="checkbox"/> 10 Key / KPM_____	<input type="checkbox"/> Typing: WPM_____	

Computer Skills: Please list all Specific Software/Programs Used and Rate Your Skill.

For example, **MS Word – Good** or **Quickbooks – Excellent:**

_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

Office Job Titles:	<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Call Center	<input type="checkbox"/> Accountant	<input type="checkbox"/> Bank Teller
	<input type="checkbox"/> Income Tax Preparer	<input type="checkbox"/> Programmer	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Receptionist
	<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Marketing	<input type="checkbox"/> Executive Assistant	<input type="checkbox"/> Title Clerk
	<input type="checkbox"/> Insurance	<input type="checkbox"/> Property Mgt	<input type="checkbox"/> Legal Assistant	<input type="checkbox"/> Hotel Front Desk
	<input type="checkbox"/> Office Manager	<input type="checkbox"/> IT	<input type="checkbox"/> HR	

Medical/Dental	<input type="checkbox"/> RN/LPN/CNA	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Lab Tech	<input type="checkbox"/> Phlebotomist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Receptionist
	<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> X-ray Tech	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Dietary Aide
	<input type="checkbox"/> Counselor	<input type="checkbox"/> Dietary Aide	<input type="checkbox"/> Medical Coder	<input type="checkbox"/> Office Manager

Retail	<input type="checkbox"/> Cashier	<input type="checkbox"/> Stocker	<input type="checkbox"/> Courtesy Clerk	<input type="checkbox"/> Bakery
	<input type="checkbox"/> Deli	<input type="checkbox"/> Produce	<input type="checkbox"/> Meat	<input type="checkbox"/> Sales Associate
	<input type="checkbox"/> Shipping/Receiving	<input type="checkbox"/> Night Clerk	<input type="checkbox"/> PIC	

Restaurant	<input type="checkbox"/> Chef/Cook	<input type="checkbox"/> Prep	<input type="checkbox"/> Server	<input type="checkbox"/> Busser
	<input type="checkbox"/> Bartender	<input type="checkbox"/> Catering	<input type="checkbox"/> Delivery	<input type="checkbox"/> Dishwasher
	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Host/Hostess		
	<input type="checkbox"/> OLCC Card ~ Exp. Date_____		<input type="checkbox"/> Food Handlers card	Exp. Date_____

Construction	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Drywall	<input type="checkbox"/> Finish Carpentry
	<input type="checkbox"/> Insulation	<input type="checkbox"/> Framing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding
	<input type="checkbox"/> Tile Setter	<input type="checkbox"/> Demolition	<input type="checkbox"/> Iron/Steel	<input type="checkbox"/> Road
	<input type="checkbox"/> Paint/Spray	<input type="checkbox"/> Paint/Brush	<input type="checkbox"/> Excavation	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Fence Builder	<input type="checkbox"/> Cabinets	<i>Equipment:</i>	<input type="checkbox"/> Has own Tools

Welder	<input type="checkbox"/> Arc	<input type="checkbox"/> Gas	<input type="checkbox"/> Combination	<input type="checkbox"/> Tig
	<input type="checkbox"/> Fab Design	<input type="checkbox"/> Torch Cutting	<input type="checkbox"/> Band Saw	<input type="checkbox"/> Grinding

Mechanic:	<input type="checkbox"/> Foreign	<input type="checkbox"/> Domestic	<input type="checkbox"/> Small Engine	<input type="checkbox"/> Diesel
	<input type="checkbox"/> Lube Tech	<input type="checkbox"/> Auto Body Repair	<input type="checkbox"/> Auto paint	<input type="checkbox"/> Tire Tech
	<input type="checkbox"/> Farm Machinery	<input type="checkbox"/> Auto Detailer		

Trades:	<input type="checkbox"/> Machinist	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Lathe
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> HVAC	<input type="checkbox"/> Metal Fabrication	<input type="checkbox"/> Millwright
	<input type="checkbox"/> Lineman	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Tree Trimmer	

Heavy Equipment	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Forklift/Hyster	<input type="checkbox"/> Track equip.	<input type="checkbox"/> Excavator
	<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Loader	<input type="checkbox"/> Dozer	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Crane	<input type="checkbox"/> Farm Equipment_____		

Truck Driver	<input type="checkbox"/> Long Haul <input type="checkbox"/> Log <input type="checkbox"/> CDL ~ Class_____	<input type="checkbox"/> Local <input type="checkbox"/> Tow <input type="checkbox"/> Endorsements_____	<input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Bus	<input type="checkbox"/> Dump Truck
Production	<input type="checkbox"/> Seed Mfg <input type="checkbox"/> Water Bottling <input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Departments worked_____	<input type="checkbox"/> Door/Window Mfg <input type="checkbox"/> Fiberglass <input type="checkbox"/> Meats	<input type="checkbox"/> Lumber Mill <input type="checkbox"/> QC <input type="checkbox"/> Foods	<input type="checkbox"/> Plywood <input type="checkbox"/> Assembly
Laborer	<input type="checkbox"/> Mover <input type="checkbox"/> Construction Cleanup <input type="checkbox"/> Golf Course Maintenance	<input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaping	<input type="checkbox"/> Warehouse <input type="checkbox"/> Housekeeping	<input type="checkbox"/> Field Farm Worker <input type="checkbox"/> Ranch Work
Child Development	<input type="checkbox"/> Nanny	<input type="checkbox"/> Teacher	<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> Tutor
Misc. Skills	<input type="checkbox"/> Bilingual_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
	<input type="checkbox"/> Bilingual_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
	<input type="checkbox"/> Bilingual_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
	<input type="checkbox"/> Volunteer _____			
	<input type="checkbox"/> Newspaper Delivery	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Barista	<input type="checkbox"/> Babysitting
	<input type="checkbox"/> Cut/Stack Firewood	<input type="checkbox"/> Gas Attendant	<input type="checkbox"/> Carpet Cleaner	
Traffic Control	<input type="checkbox"/> Flagger ~ Card#_____	Exp. Date_____	State Issued_____	
	<input type="checkbox"/> TCS ~ Card#_____	Exp. Date_____	State Issued_____	
	<input type="checkbox"/> Pilot Car Driver			
Traffic Control Equipment	<input type="checkbox"/> Handheld CB <input type="checkbox"/> Raingear <input type="checkbox"/> Eye Protection (glasses) <input type="checkbox"/> Dependable Vehicle ~ Make_____	<input type="checkbox"/> 6" Work Boots <input type="checkbox"/> Air Horn <input type="checkbox"/> Rotating Light	<input type="checkbox"/> 18" Paddle <input type="checkbox"/> High Vis Pants <input type="checkbox"/> Hard mounted CB Model_____	<input type="checkbox"/> Night Wand <input type="checkbox"/> Class 2 Vest
	<input type="checkbox"/> Two-Way Radio w/sub-channel		<input type="checkbox"/> Hardhat ~ Color_____	
Security	<input type="checkbox"/> Unarmed <input type="checkbox"/> Security Equip. Install <input type="checkbox"/> Smoke Jumper <input type="checkbox"/> DPSST Certified ~ Card#_____	<input type="checkbox"/> Armed <input type="checkbox"/> Corrections	<input type="checkbox"/> Events <input type="checkbox"/> Fire Fighter	<input type="checkbox"/> Armored Car <input type="checkbox"/> Police
			Exp. Date_____	

WHAT TYPE OF WORK ARE YOU CURRENTLY SEEKING?

Job Type:_____ Months of Experience:_____

Where did you get the experience/training?_____

Job Type:_____ Months of Experience:_____

Where did you get the experience/training?_____

ADDITIONAL INFORMATION- QUALIFICATIONS/WORK EXPERIENCE

Please list special skills and qualifications. Any additional information that you feel may be helpful to CPS staff considering your application.

EMPLOYMENT HISTORY

(A Resume does not substitute)

JOB NUMBER 1 (CURRENT OR MOST RECENT POSITION)			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS/PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME/PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH/YEAR)	TO (MONTH/YEAR)	<input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.	
SALARY OR HOURLY WAGE	HOURS WORKED PER WEEK (AVG)		
DUTIES (LIST ALL DUTIES YOU PERFORMED).			
REASON FOR LEAVING THIS POSITION		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

JOB NUMBER 2			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS/PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME/PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH/YEAR)	TO (MONTH/YEAR)	<input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.	
SALARY OR HOURLY WAGE	HOURS WORKED PER WEEK (AVG)		
DUTIES (LIST ALL DUTIES YOU PERFORMED).			
REASON FOR LEAVING THIS POSITION		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY (CONT.)

JOB NUMBER 3		
NAME OF EMPLOYER	EMPLOYER'S ADDRESS/PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME/PHONE NUMBER	
YOUR JOB TITLE	SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH/YEAR)		TO (MONTH/YEAR)
SALARY OR HOURLY WAGE		HOURS WORKED PER WEEK (AVG)
DUTIES (LIST ALL DUTIES YOU PERFORMED).		
REASON FOR LEAVING THIS POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB NUMBER 4		
NAME OF EMPLOYER	EMPLOYER'S ADDRESS/PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME/PHONE NUMBER	
YOUR JOB TITLE	SUPERVISION/LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Hiring/Recommending Hiring <input type="checkbox"/> Not Responsible for Any Above If you checked any of these boxes, list the number of employees and their job titles.	
FROM (MONTH/YEAR)		TO (MONTH/YEAR)
SALARY OR HOURLY WAGE		HOURS WORKED PER WEEK (AVG)
DUTIES (LIST ALL DUTIES YOU PERFORMED).		
REASON FOR LEAVING THIS POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

List three references that are not previous employers or relatives.

NAME/ADDRESS/PHONE NUMBER

NAME/ADDRESS/PHONE NUMBER

NAME/ADDRESS/PHONE NUMBER

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE#: _____

ADDRESS: _____

WHERE TO DO YOU WANT TO WORK

CHECK THE COUNTIES THAT YOU WILL WORK:

- | | | | | | |
|-----------------------------------|----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Union | <input type="checkbox"/> Wallowa | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Polk | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Umatilla | <input type="checkbox"/> Morrow | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Yamhill | <input type="checkbox"/> Douglas |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Crook | <input type="checkbox"/> Marion | <input type="checkbox"/> Washington | <input type="checkbox"/> Coos |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Wheeler | <input type="checkbox"/> Klamath | <input type="checkbox"/> Linn | <input type="checkbox"/> Columbia | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Harney | <input type="checkbox"/> Sherman | <input type="checkbox"/> Lake | <input type="checkbox"/> Lane | <input type="checkbox"/> Clatsop | <input type="checkbox"/> Josephine |
| <input type="checkbox"/> Malheur | <input type="checkbox"/> Wasco | <input type="checkbox"/> Hood River | <input type="checkbox"/> Benton | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Curry |

HOW DID YOU LEARN ABOUT US

NEWSPAPER (LIST PUBLICATION): _____

EMPLOYMENT OFFICE: _____

WEBSITE (LIST): _____

FRIEND (NAME): _____

EMPLOYEE REFERRAL (NAME): _____

READER BOARD/CPS SIGNAGE: _____

OTHER: _____

TEMPORARY EMPLOYEE GUIDELINES AND POLICIES

1. CPS is an Equal Opportunity Employer. It is our policy to provide equal employment opportunities to all qualified individuals regardless of race, color, creed, religion, national origin, sex, age, disability, veteran status, or other status protected by law.
2. CPS is an “at will” employer. This means that employment can be terminated with or without cause, and with or without notice, at the option of the company or at the option of the employee.
3. You must contact our office at least one (1) hour prior to your assignment start time if you will be late, leaving early, or if you are unable to work that day due to illness or emergency. Failing to report to work without prior notice to CPS (NO SHOW / NO CALL) will not be tolerated.
4. Absenteeism and tardiness or other violations of a work schedule creates problems for our client’s company and will not be tolerated.
5. Family and personal visitors are only allowed in designated visitors areas at client’s workplace.
6. Dental, medical and personal appointments should be scheduled around your assignments. If this is impossible, contact CPS in advance so we may discuss this with our client.
7. Adhere to our client’s safety guidelines and policies, including breaks, lunch periods, and dress code. Keep all client proprietary information to yourself in a confidential manner.
8. Use of client’s phones is to be kept to emergencies only. You may leave CPS’s phone number with your spouse/family in case of an emergency. Use of cellular phones for personal use is also not allowed during work hours and will not be tolerated.
9. Contact CPS immediately if the client discusses the possibility of hiring you. You must contact our office if assignment is to be extended or shortened or if the worksite is changed from the original location. If job duties change, you are required to let the CPS office of assignment know immediately. If you are asked to do work other than what was described to you by CPS it is your responsibility to clear that with CPS prior to beginning those new duties.
10. To preserve the integrity of work relationships, CPS has a policy against any form of harassment, verbal, non-verbal, or physical. Employee is required to immediately report any incident of harassment to the CPS office of assignment. CPS will do a timely investigation and a decision will be made based on facts. Appropriate disciplinary action will be taken against those found to have violated this policy.
11. You are required to ensure that any complaint is directed to the CPS office of assignment first in order to be dealt with effectively.
12. We are very concerned about the safety of our employees. It is your responsibility to contact the CPS office of assignment **immediately** if you are ever injured on the job.

TEMPORARY EMPLOYEE GUIDELINES AND POLICIES CONT.

13. Counterproductive behavior such as theft, fraud, disclosure of confidential information, foul language, sexual harassment and/or other conduct which limits your effectiveness by reason of its detrimental effect to our client **will not be tolerated.** .
14. Your rate of pay may vary with each assignment. It is confidential information and should not be discussed with clients, employees of clients or other employees of CPS.
15. Accurate recordkeeping is required. CPS will furnish you with a timecard. It is your responsibility to complete it accurately and obtain an authorized signature. Timecards are due weekly and must be turned into the CPS office of assignment every Monday morning by 9am.
16. A safe work environment provides an efficient work force. Disciplinary action up to and including termination may result from any violation which include but are not limited to the following: unsatisfactory work performance; untimely start times or overstaying of breaks; stopping work prior to scheduled time; leaving work without permission or notification; insubordination; unauthorized possession of weapons; sleeping on duty; unauthorized removal of property; actual or attempted damage to property; endangering yourself or others.
17. The employee is required to contact the CPS office of assignment immediately if any of the following things change: your name; your phone number or mailing address; your health (as it relates to your job).

ACKNOWLEDGEMENT

This certifies that I have **read, understand, and will abide** by the Temporary Employee Guidelines and Polices. I have also been supplied with a copy upon my request. I further understand that **failure to comply** with any or all of the Temporary Employee Guidelines and Policies may result in disciplinary action up to and including termination.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE'S RESPONSIBILITY SAFETY AGREEMENT

1. CPS has a zero tolerance Drug and Alcohol Policy (published separately). Consumption of, possessions of, distribution of, or the presence in the body of drugs or alcohol on the job will not be tolerated and will constitute grounds for disciplinary action up to and including termination.
2. Employees are responsible for their safety and the safety of others.
3. **Report all accidents and/or injuries to your supervisor immediately.** You are required to contact CPS to insure that the appropriate paperwork is filled out in a timely manner. Injuries that are not reported immediately may result in disciplinary action.

EMPLOYEE'S RESPONSIBILITY SAFETY AGREEMENT CONT.

4. Report any and all safety concerns to your supervisor and to CPS immediately.
5. Horseplay and practical jokes will not be tolerated by CPS.
6. Use proper lifting procedures for all manual labor and material handling (consult supervisor). Use material handling aides when possible.
7. Obey all traffic safety procedures when operating any CPS and/or client company's equipment/vehicles. Prior authorization from CPS for equipment/vehicle operation must be given to you. Talking on cell phones during equipment/vehicle operation is strictly prohibited and will not be tolerated.
8. Housekeeping is everyone's responsibility. Safety starts with a clean work environment. Clean up spills. Pick up walkway hazards. Pick up your trash and dispose of it properly.
9. Know the location of fire extinguishers and other safety devices. If you are working with chemicals note the location of the MSDS sheets or ask the supervisor to show you where they are located.
10. Wear all required personal protective equipment; review this with your supervisor. CPS is not tolerant of employees who fail to follow prescribed safety and health procedures.
11. Obey company's smoking policies at all times.
12. No one will operate any machine, device or tool unless authorized and properly trained in its safe operation. All safety guards must be in place.
13. You will notify CPS immediately should there be a change in the driving status if driving is a requirement of your job.
14. CPS and your supervisor must be notified within 24 hours of the result of any subsequent visits and/or changes in modified work release. All paperwork concerning on-the-job injury must be provided to CPS in order to follow any doctor or care provider's instructions. (Return to Work Policy – published separately).

Acknowledgment

This certifies that I read, understand and will abide by the Employee's Responsibility Safety Agreement. I have also been supplied with a copy upon my request. I further understand that failure to comply with the Employee's Responsibility Safety Agreement may result in disciplinary action up to and including termination.

Employee Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I authorize Certified Personnel Service Agency, Inc. (CPS) to check into my background and references and to investigate any information provided in my application for employment.

I respectfully request and authorize you to furnish CPS with any and all information that you may have concerning my employment and education record. Your cooperation in this reply will be used to assist CPS in determining my qualifications for the position I am seeking with CPS.

I hereby agree to hold harmless any person or organization from any liability (suit, claim or other action) that may result from supplying the information requested.

Signature of Applicant

Date

THIS APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING STATEMENT HAS BEEN READ AND SIGNED

I certify that the information furnished in this application is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation, misstatement or omission of facts may be justification for disqualification, refusal of employment, or termination if employed.

This application is not to be construed as a contract. CPS reserves the right to employ at will. This means that employment can be terminated with or without cause, and with or without notice, at any time, at the option of the company or at the option of the employee.

Please understand that filling out an application does not guarantee you a job with CPS or with any of our clients. If you are contacted for employment with CPS, you may be required to complete additional employment documents. You will receive a copy of **CPS' Temporary Handbook, Return to Work Policy, Drug and Alcohol Policy, Safety Policy, Workplace Violence Policy and Anti-Harassment Policy** which describes the various policies and procedures that you, as a condition of your employment, must observe. Accepting a job assignment with CPS does not guarantee you future job assignment with CPS clients or with CPS.

Signature of Applicant

Date

CPS CERTIFIED PERSONNEL SERVICE AGENCY, INC.

An Equal Opportunity and Affirmative Action Employer

EMPLOYMENT VERIFICATION

Please fill in the name and address of a former employer below. This form will be emailed, mailed or faxed to them for employment verification.

Past Employer: _____ Company Phone: _____

Company Address: _____ Supervisor: _____

_____ Final Salary: _____

Employed From: ____/____/____ To: ____/____/____ Your S.S.N. _____

Your Name: _____

You are hereby authorized to give all information regarding my service and conduct while in your employment, and you are released from any and all liability which may result from furnishing such information.

Employee Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE – FOR PREVIOUS EMPLOYER USE ONLY

The person named above has applied for employment and listed your name as a former employer. As we are interested in obtaining data relative to the applicant's previous employment records, we would appreciate you furnishing the information requested below. Please add any comments relevant to his/her employment. Thank you for your cooperation.

PLEASE MARK YOUR RATING OF THIS CANDIDATE:

	EXCELLENT	GOOD	FAIR	POOR
Work Performance				
Cooperation/Attitude				
Customer Contact				
Attendance				
Dependability				

Please mark the following regarding this person's employment:

- Currently Employed Here
- Left Voluntarily / Employment Entirely Favorable
- Discharged Because of Company's Cutback in Work Force or Change in Skill Need
- Left Employment Voluntarily / Employment Not Entirely Favorable
- Discharged for Unfavorable Employment or Conduct

Is This Person Eligible for Rehire?

- Yes No, Due to Company Policy – Not Related to Unfavorable Employment
- No, Due to Unfavorable Employment

Comments: _____

Signature _____ Printed Name _____ Title _____ Date _____

La Grande Corporate
 POB 70
 La Grande, OR 97850
 541-963-6678
 541-963-5213 FAX

Redmond Office
 POB 514
 Redmond, OR 97756
 541-504-9675
 541-504-0590 FAX

Hermiston Office
 505 N. First Place
 Hermiston, OR 97838
 541-564-7862
 541-564-7874 FAX