

TARICEL MANAGEMENT STAFFING LLC

**EMPLOYMENT
APPLICATION**

TariCel Management Staffing LLC. is an Equal Opportunity Employer. Applicants will be considered without regard to race, color, sex, religion, age, national origin, or disability.

PERSONAL DATA

Date _____

Name

Social Security No.: _____

Last

First

Middle

Address: Street

City _____

State

Zip

Home Telephone: _____

Work Telephone _____

Date of Birth: _____

Race: _____

Are you a U.S. citizen? _____ **If not, do you have a work permit or visa which enables you to work in the U.S.?** _____

If any of your employment has been under a different last name, please indicate:

Have you ever worked for TariCel Management Staffing LLC? _____ **Location:** _____

Do you have relatives or friends in the company? _____ **Who?** _____ **Relationship:** _____

Position applied for: _____ **what are your salary requirements?** _____

When are you available to start work? _____ **Total hours available per week?** _____

Are you employed Now? _____ **Name Of Your Present Employer?** _____

Referred By: _____

EDUCATION	School Name And Location	Major	Date From-To	Degree Granted	Overall GPA
High School					
College					
College					
Other					

GENERAL

Subjects of Special Study or Research Work: _____

Awards: _____

Activities: (Civic, Athletic, Etc.) _____

Exclude Organizations, The Name of Which Indicates the Race, Creed, Sex, Age, Marital Status, Color or Nation of Origin of Its Members

Have you ever been convicted of a crime? YES NO If Yes explain _____

U.S. Military or Naval Service: _____ **Rank:** _____ **Present Membership in National Guard or Reserves** _____

EMPLOYMENT HISTORY

Begin with current or most recent position.

Name of employer: _____ Dates: From: _____ To: _____

Address: _____

Position held: _____ Salary: _____

Describe the responsibilities of your position: _____

Name of immediate supervisor: _____ Reason for leaving: _____

May we contact him/her? yes no Phone: _____

Name of employer: _____ Dates: From: _____ To: _____

Address: _____

Position held: _____ Salary: _____

Describe the responsibilities of your position: _____

Name of immediate supervisor: _____ Reason for leaving: _____

May we contact him/her? yes no Phone: _____

Name of employer: _____ Dates: From: _____ To: _____

Address: _____

Position held: _____ Salary: _____

Describe the responsibilities of your position: _____

Name of immediate supervisor: _____ Reason for leaving: _____

May we contact him/her? yes no Phone: _____

REFERENCES: Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted	Telephone Number

EMERGENCY CONTACT SHEET

**THIS FORM MUST BE COMPLETED EVERY TIME YOU CHANGE YOUR
EMERGENCY CONTACT OR HOME ADDRESS.**

Note: (For a HOME address change please notify the office for payroll purposes.)

Associate Name: _____

Home Address: _____

Telephone (home): _____

In Case of Emergency Notify: _____

Day: _____

Evening: _____

Alternate: _____

Upon completion, please fax back to TariCel Management Staffing at 513-772-7712

Drug Testing Acknowledgment Form

I, _____, understand that as part of the drug testing process for pre-employment and or random testing.

TariCel Management Staffing, LLC will conduct a drug test to determine my suitability for the position in which I am applying or currently hold.

I understand that a NEGATIVE drug test result is a condition of employment.

I understand that if I refuse to undergo the testing, I may be rejected for employment.

I understand that if I produce a Positive test result for illegal drug use and/or alcohol, I may be rejected for employment or terminated from employment.

I understand that if I produce a positive test result for Illegal drug use that information may be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I have read and understand the information contained in this "Acknowledgement Form".

I agree, to undergo drug testing through TariCel Management Staffing as part of the employment process.

Signature of Donor: _____ Date: _____

Signature of Witness: _____ Date: _____

Drug Testing Custody and Control Form

Date: _____

Step 1: Completed by Collector or Employer Representative:

- A. Employer Name: TariCel Management Staffing, LLC
- B. Address: 302 Northland Blvd.,
- C. City: Cincinnati State: Ohio Zip: 45246
- D. Donor Name: _____
- E. Signature: _____
- F. Donor SSN or Employee I.D. No. _____
- G. **REASON for Test:** ___ Pre Employment ___ Random ___ Reasonalbe Supicion/Cause

Step 2: Primary Specimen Test Results:

___ Negative _____

___ Positive for: ___ Marijuana ___ Cocaine ___ Amphetamine ___ Barbiturates

___ Benzodiaepines ___ Methadone ___ Methamphetamine ___ Opiates ___ PCP

___ Diluted ___ Adulterated ___ Rejected Testing ___ Invalid Result ___ Substituted

___ Alcohol

Past Employment Verification Form

To Whom It May Concern:

The applicant named below is being considered for employment as a _____
with our company.

The applicant has listed you, or your organization as a former place of employment, accordance with the release signed by the applicant below, please provide the information requested and return this form to us in the enclosed self-addressed stamped envelope.

Very truly yours,

Name of Applicant: _____

Soc. Sec. No.: _____

Name of Employer: _____

Applicant's Authorization

I hereby authorize the above individual, company, or institution to furnish TariCel Management Staffing with any information it may have concerning by which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including TariCel Management Staffing, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant

Record of Employment

Date(s) of Employment: _____ to _____

Position(s) Held: _____

Reason Employment Ended: _____

Please rate the applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire Applicant? _____ YES _____ NO

Signature

Title

Date

Hiring Checklist

Name: _____ Date: _____

Phone (home): _____ Cell: _____

E-Mail: _____

Type of work you interested in:

Clerical _____

Light Industrial _____

Healthcare _____

IT _____

Call Center _____

Banquet Serving _____

Other _____

SHIFT AVAILABILITY:

1st _____ 2nd _____ 3rd _____

FULL TIME _____ PART TIME _____ DO YOU HAVE TRANSPORTATION _____

___ The Product We Offer – Good Working People

___ I-9

___ W-4

___ Employee's withholding exemption certificate (State)

___ Drug Testing Custody and Control Form

___ Drug Test Acknowledgment Form

___ Emergency Contact Form

___ Employment Verification Form

___ Driving Check Request/Release and Liability Form

___ I-Pay Card/Direct Deposit Form

TariCel Management Staffing Representative Signature

Date

Driving Check Request and Release From Liability

The position I am applying for is a Category _____ Driving position.
(To be completed by RECRUITER)

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow TariCel Management Staffing, LLC to check my driving record prior to being hired and to check periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a TariCel Management Staffing, LLC vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a driver's license prior to being hired if I do not already have one.

I understand that TariCel Management Staffing, LLC, will use this information for employment purposes only and will not furnish this information to a third party without my written consent.

I agree to release TariCel Management Staffing, LLC, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Date of Birth

Driver's License Number

State of License

Signature

Date

Employee New Hire Form with Direct Deposit and Ipay Card Information

New Hire Form

Name: (last, first, m) _____, _____, _____ Marital Status: M or S No. or Dep. _____

Address _____ City _____ State _____ Zip _____

Hire Date: ___ / ___ / ___ SS#: _____ D.O.B.: ___ / ___ / ___ Gender: M or F

Hourly Rate _____ Placement _____ Phone _____

Direct Deposit/ Ipay Card

Last 5 digits of Ipay card _____ Account # _____ Routing # _____

Bank Name: _____ _____ Checking Savings

Authorized Signature _____ Date: ___ / ___ / ___

****Please attach a copy of a voided check stub or deposit slip and submit to the payroll department**

I hereby authorize Taricel Management Staffing to initiate credit entries or automatic deposits & if necessary, any actions to reverse or correct and erroneous credit entry to my Pay card or Direct Deposit account. Further, I agree not to hold Taricel Management Staffing responsible for any loss of funds due to, incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that this authorization replaces any previous authorizations and will remain in force and effect until my employer has received written notification from me of its termination cancellation from me or my financial institution, or until I submit a new direct deposit form, in such time and manner as to afford my employer and the bank a reasonable opportunity to act on it. **I acknowledge that my 1st payment will be received via Ipay card and if I choose direct deposit it will be set up upon receipt of the proper documentation. Furthermore if my SS# is found to be invalid it is my responsibility to contact or visit the local social security office to correct and submit documentation otherwise I will not be paid.

TMS Employee Signature _____ **TMS Staff Signature** _____

The Product We Offer – “Good Working People”

Dear Applicant,

Thank you for applying for employment at TariCel Management Staffing. We hope our time together will be a win/win situation.

At TariCel Management Staffing, LLC we look for ways to reward good workers, so there are a few things we need you to know about in regards to TariCel Management Staffing policies:

- If you are sent out on an assignment, wheter you start working or just an interview, and you are late or don't show up, you will be taken off our list of available associates. Once taken off our list, please do not call looking for other assignments.
- If you miss the first scheduled day you are assigned to work without prior approval, you will be subject to being canceled and taken off our associates list.
- If you are going to be late or absent on a day you are scheduled to work you must call the TariCel Management Staffing office, 513-772-7737, as soon as possible. There is voice mail available 24 hours a day.
- If you have any questions about your pay, your duties, or any other questions about the assignment, you ar to call the TariCel Management Staffing office.
- Always be sure you understand the time frame of the assignment whether it is a one-day assignment or two year assignment. Whether it is temporary to permanent or just an on-going assignment. Whether the assignment has hour restrictions or not. Just know all you can about the assignment before you say “yes” and make that commitment.
- There will be skill testing to determine a good match, your skills – to the assignment.
- If there are any work related injuries, please notify TariCel Management Staffing immediately to fill out an “Emergency” reporting form.
- As a TariCel Management Staffing associate, you do not discuss pay with the client or other associates while on an assignment.
- IF you leave/abandon your job assignment before the end of the shift. You will be paid at, minium wage for the hours you worked that shift up to the time you left. (if a supervisor or shift leader ask's you to leave early this does not apply)

Please know that while on assignment yo could be canceled at anytime. You will be canceled immediately for not performing your duties, excessive lateness or absenteeism, fighting on company premises, or disrespect of fellow workers.

I understand it is my responsibility to call the TariCel Management Staffing office twice a week after I have completed my assignment, or if I have been cancelled from an assignment. My failure to follow this procedure will result in my status/availabilty to work job assignments with TariCel Management Staffing to be changed. The change will be shown as: from available and being listed as “active pending” assignment to “terminated” and then I will have to re-register with TariCel Management Staffing.

Signature _____ Date _____