

Have you been a temporary with ASI Temps or another service before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when?	Where?	How Long?	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Please take a moment to describe what you would like to find in your next position:			
Title:	Earnings:	Hours:	Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	Commuting Time:	Size of Office:	Benefits/Insurance:
Single most important thing that you seek:			

MEDICAL APPLICANTS

Registration/License #:	Expiration Date:
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FOR OFFICE USE ONLY: Initial next to completed forms received:

Hepatitis
 Universal Precaution
 Medical
 Worker's Comp Medical Releases
 Copies of Licenses

I certify that the information submitted on this application is accurate. I hereby grant ASI permission to verify my employment history and to solicit and secure other information, which may be required to determine my suitability for employment. I further authorize any former employer to release to ASI such information as may be requested for the purpose of evaluating me for possible employment. A copy of this authorization bearing my signature has the same force and effect as the original. Violations of ASI policies include but are not limited to: (1) two unexcused absences, or two no shows with call (not showing up after accepting an assignment, but notifying ASI within a half hour before or after starting time), (2) one no show, no call (not showing up on an assignment after accepting and not notifying ASI), (3) three incidents of tardiness, (4) insubordination, (5) any behavior or language that will reflect negatively on ASI and our employees, (6) unauthorized possession of/or removal of company property or any involvement in any unlawful situation that could lead to questionable character, (7) drug or alcohol use on the job or use that impacts ability to perform job, (8) falsification of information on application. I have read the ASI policy in regard to termination. I do realize that violation of any of the above will be just cause for dismissal from ASI. Notwithstanding anything to the contrary, I acknowledge that, in the event that your company employs me, ASI may terminate employment at any time, for any reason or for no reason, and with or without cause.

I UNDERSTAND THAT THERE COULD BE A FEE TRANSACTION BETWEEN ASI AND THE COMPANY TO WHICH I AM ASSIGNED. THEREFORE, I AM OBLIGATED TO NOTIFY ASI SHOULD THE SUPERVISING COMPANY DISCUSS FULL-TIME EMPLOYMENT WITH ME OR I AM PUT ONTO THAT COMPANY'S PAYROLL.

Signature _____ Date _____

It is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil action.

FOR OFFICE USE ONLY – INT COMMENTS