

INTEGRATIVE STAFFING GROUP, LLC.www.integrativestaffing.com**APPLICATION**

Pre-Employment Questionnaire

An Equal Opportunity Employer

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (1)	(2).	REFERRED BY	
EMERGENCY CONTACT:	PHONE NUMBER		
Would you like a weekly open job order sent to you? YES <input type="checkbox"/> NO <input type="checkbox"/>		EMAIL ADDRESS:	

EMPLOYMENT DESIRED

POSITION DESIRED:	START DATE:	DESIRED SALARY:
ARE YOU PRESENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	CAN EMPLOYER BE CALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF A CRIME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/>	TRANSPORTATION: CAR <input type="checkbox"/> PUBLIC TRANS <input type="checkbox"/>	

EDUCATION

SCHOOL NAME	ADDRESS	ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE /TECHNICAL			

FORMER EMPLOYERS

START & END DATE	NAME/ADDRESS/PHONE NUMBER	POSITION	REASON FOR LEAVING
/			
/			
/			

PROFESSIONAL REFERENCES

NAME	ADDRESS / PHONE NUMBER	RELATIONSHIP	YEARS

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize present, former employers, and/or individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I also understand and agree that no representative of Integrative Staffing Group, LLC. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of Integrative Staffing Group, LLC.

Date:	Signature:
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Office

Secretary

- Commercial
- Legal
- Sales
- Insurance
- Shorthand
- Executive

Clerical

- File Clerk
- Receptionist
- Data Entry
- Typist
- Switchboard

Bookkeeping

- Accounts Payable
- Accounts Receivable
- Payroll
- General Ledger
- Computerized Acct.
- Spreadsheets

General

- Mailroom
- Adding Machine

Medical

- Transcription
- Terminology
- CPT4
- ICD9
- Medical Billing
- Medical Supplies

Applications

- Microsoft Programs
- Windows 98
- Windows 2000
- Word Perfect
- Windows XP
- Microsoft Vista
- Word
- Excel
- Access
- Lotus 1-2-3
- MAS 90
- Peachtree
- PhotoShop
- PowerPoint
- dBase
- Quicken
- QuickBooks
- AutoCad Operator
- AUTOCAD
- Adobe Acrobat

Industrial

- | | | | | | |
|---------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| Auto-Body Work | <input type="checkbox"/> | Excavator/Dozer | <input type="checkbox"/> | Processing Engineer | <input type="checkbox"/> |
| Auto Part Experience | <input type="checkbox"/> | Fitter | <input type="checkbox"/> | Q/A Inspector | <input type="checkbox"/> |
| Auto Repair | <input type="checkbox"/> | Forklift | <input type="checkbox"/> | Read Blueprints | <input type="checkbox"/> |
| Back Hoe | <input type="checkbox"/> | Front-end Loader | <input type="checkbox"/> | Roofing | <input type="checkbox"/> |
| Box Truck Driver | <input type="checkbox"/> | Grinder | <input type="checkbox"/> | Safety Manager | <input type="checkbox"/> |
| Brick Layer | <input type="checkbox"/> | Heavy Equip. Operator | <input type="checkbox"/> | Saw Operation | <input type="checkbox"/> |
| Carpentry | <input type="checkbox"/> | HVAC certified | <input type="checkbox"/> | Security | <input type="checkbox"/> |
| Carpet Cleaner/Scrubber | <input type="checkbox"/> | Ind. Maintenance | <input type="checkbox"/> | Sheet Metal Worker | <input type="checkbox"/> |
| CDL License Class ____ | <input type="checkbox"/> | Industrial Painter | <input type="checkbox"/> | Shipping/Receiving | <input type="checkbox"/> |
| Cement Work | <input type="checkbox"/> | | | | |
| CNC Burn Operator | <input type="checkbox"/> | Industrial Supervisor | <input type="checkbox"/> | Small Engine repair | <input type="checkbox"/> |
| CNC Drill | <input type="checkbox"/> | Inventory Control | <input type="checkbox"/> | Steel Mill Work | <input type="checkbox"/> |
| CNC Machinist | <input type="checkbox"/> | Jackhammer | <input type="checkbox"/> | Steel toe shoes | <input type="checkbox"/> |
| CNC Mill | <input type="checkbox"/> | Lathe | <input type="checkbox"/> | Torches | <input type="checkbox"/> |
| CNC Programmer | <input type="checkbox"/> | Lawn Care | <input type="checkbox"/> | Truck Mechanic | <input type="checkbox"/> |
| Construction | <input type="checkbox"/> | Machine Operator | <input type="checkbox"/> | Warehouse Manager | <input type="checkbox"/> |
| Crane Operator | <input type="checkbox"/> | Manual Machinist | <input type="checkbox"/> | Warehousemen | <input type="checkbox"/> |
| Custodial | <input type="checkbox"/> | Material Handler | <input type="checkbox"/> | Welder | <input type="checkbox"/> |
| Drafter/Detailer | <input type="checkbox"/> | Measuring Equipment | <input type="checkbox"/> | Arc | <input type="checkbox"/> |
| Drill Press | <input type="checkbox"/> | Molder | <input type="checkbox"/> | Certified | <input type="checkbox"/> |
| Driver | <input type="checkbox"/> | Painting | <input type="checkbox"/> | Flux core | <input type="checkbox"/> |
| Dry Wall | <input type="checkbox"/> | Plant Manager | <input type="checkbox"/> | MIG | <input type="checkbox"/> |
| Dump Truck | <input type="checkbox"/> | Plastering | <input type="checkbox"/> | Stick | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> | Sub Arc | <input type="checkbox"/> |
| Env. Engineer | <input type="checkbox"/> | Pipe Fitter | <input type="checkbox"/> | TIG | <input type="checkbox"/> |
| Estimator/Project Manager | <input type="checkbox"/> | Press Operator | <input type="checkbox"/> | Yuk Driver | <input type="checkbox"/> |
| | | | | Wire EDM | <input type="checkbox"/> |

Non Industrial Skills

- | | | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|--------------|--------------------------|
| Art Director | <input type="checkbox"/> | Help Desk | <input type="checkbox"/> | Paralegal | <input type="checkbox"/> |
| AutoCAD release | <input type="checkbox"/> | Housekeeping | <input type="checkbox"/> | Pet groomer | <input type="checkbox"/> |
| Cook/Restaurant | <input type="checkbox"/> | Information Technology | <input type="checkbox"/> | Sales Rep | <input type="checkbox"/> |
| CPR Certified | <input type="checkbox"/> | Life Guard | <input type="checkbox"/> | Telemarketer | <input type="checkbox"/> |
| Customer Service Rep | <input type="checkbox"/> | Managerial Info Systems | <input type="checkbox"/> | | |
| Day Care | <input type="checkbox"/> | Network Engineer | <input type="checkbox"/> | | |
| Graphic Design | <input type="checkbox"/> | Own transportation | <input type="checkbox"/> | | |

Integrative Staffing Group, LLC.

Telephone : 412-264-4140 FAX: 412-262-3638

Name of Company _____

Applicant's Name

Social Security Number _____

Job Title / Type of work performed _____

Date of Employment From _____ To _____

Reason for Leaving _____

I authorize my former employer to furnish Integrative Staffing Group, LLC the information requested on this form. I hereby release you from any liability in supplying any information regarding my employment with you.

Signature of Applicant

Reference Check

The above named person has applied for temporary and/or temporary-to-hire employment. Please verify the information above, complete this section, and return or fax to 412-262-3638.

Does the above information correspond with your records? Yes _____ No _____

Please rate the employee on the following:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Job related skills	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

Is this employee eligible for rehire? Yes _____ No _____

Signature

Title & Date

Does your organization use "Staffing Services" for Temporary or Temporary-To-Hire Positions? Yes _____ No _____

Person to Contact

Telephone with Extension Number

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care to someone who suffers an injury arising in the course of his/her employment and casually related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines, and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days. During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, and that treatment will be paid for by your employer. If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services. You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of the first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Worker's Compensation Act.

Your employer will be responsible for that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to you employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated health care provider for a period of ninety (90) days from the date of you visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES THE PENNSYLVANIA WORKERS' COMPENSATION ACT AS SET FORTH HEREIN.

DATE: _____
EMPLOYEE SIGNATURE _____

Do not sign below unless you have sustained a work related injury through your employment with Integrative Staffing Group, LLC.

EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY
I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

DATE: _____
EMPLOYEE SIGNATURE _____