



AN EQUAL OPPORTUNITY EMPLOYER

State & Federal Law Prohibits
Discrimination Based on Age,
Sex, or National Origin

Name _____ Today's date _____

Address (City, State, Zip Code) _____

Social Security # _____ - _____ - _____ Email address _____

Cell phone _____ Home phone _____

1. Have you previously applied with or worked for Staff DFW? ☐ Yes ☐ No
2. What type of position(s) are you seeking? _____
3. What is your minimum desired pay? \$ _____ per hour OR \$ _____/week
4. How did you hear about us (job board, Facebook, referred by a friend, driving by)?

5. If we hire you, can you provide documents that verify your identity and eligibility to work in the U.S.?
☐ Yes ☐ No

PREVIOUS EMPLOYMENT (List your last 4 jobs, starting with the most recent job)

Start date	Company name	\$ _____ /HR	Job Title	Was this through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
End date	Phone	Supervisor	Reason for leaving	Temp agency name
Start date	Company name	\$ _____ /HR	Job Title	Was this through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday	What shifts / hours are you available to work? <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have to ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No How far would you commute to work? _____ (minutes) or _____ (miles)
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TELL US MORE ABOUT YOURSELF

1. Did you graduate from high school or obtain your GED? ☐ Yes ☐ No

If you answered yes, can you provide your diploma? ☐ Yes ☐ No

Please provide the school and year you obtained your diploma/GED _____

2. What is the heaviest weight you can lift once? _____

3. What is the heaviest weight you can lift throughout an 8-hour shift? _____

4. Can you stand for 8 hours straight? ☐ Yes ☐ No

5. Can you climb ladders and stairs if necessary? ☐ Yes ☐ No

6. Are you willing and able to work in extreme cold if necessary? ☐ Yes ☐ No

7. Are you willing and able to work in extreme heat if necessary? ☐ Yes ☐ No

8. Have you ever been convicted, pled guilty or no contest to, or received deferred adjudication for a felony or misdemeanor? ☐ Yes ☐ No

If you answered yes, please list each charge, along with the location of the charge, the date of your plea/conviction, and the current status (time served, deferred, probation, parole).

Do you have any reporting or testing requirements related to the above that might cause you to miss work? ☐
Yes ☐ No

NOTE: A conviction will not automatically eliminate you from consideration for employment. We will consider the date and nature of the offense(s), all relevant circumstances, and the relevance of the offense(s) to the position for which you are considered, as well as our clients' hiring requirements. However, false or misleading statements will eliminate you from consideration for all positions.

9. Please list 3 professional references – these should be former bosses or co-workers, not family members or friends.

Name	Phone Number	How do you know this person?

10. Please list an emergency contact that we can call in case you get injured or we are unable reach you by the phone numbers you listed on this application.

Name & Relationship to you _____

Phone Number _____

Employee Acknowledgment of Drug Test Policy & Authorization to Release Records

Authorization to Release Records

I, the undersigned, hereby designate Staff DFW as my agent and authorize all former employers and others given by me as a reference to answer all questions and verify any information related to this application or in any way concerning me. I understand that Staff DFW or its agents may request information relating to any or all of the following using the birth date I provide: employment history; education (including an authorization to release transcripts); criminal history; medical and/or professional Licensing; motor vehicle records; rental/residence history; references. I understand that such reports could include information regarding my character, work habits, performance, experience, and reasons for termination from previous employers. I agree to hold harmless both my prior employer(s) and Staff DFW from any and all liability that may potentially result from the release and/or use of such information. If employed by Staff DFW, I agree that if I ever make any claim against Staff DFW for personal injury, I may be required to submit to a drug or intoxication screening and other examinations by a physician of Staff DFW's choosing. As an at-will employee, I understand that I may be terminated at any time without any liability except for wages I have earned prior to my termination. I agree that any information obtained by Staff DFW about me may be released to client companies of Staff DFW. I understand and agree that Staff DFW accepting my job application does not constitute an offer for employment, nor does it guarantee that a position for which I am qualified is currently available. I further understand that Staff DFW is under no obligation to hire me.

Drug Test & Background Check Policy

Many job assignments will require a pre-employment drug screen and/or background check. If I am required to submit to a pre-employment drug screen, I understand and agree that \$10 will be deducted from my first paycheck. Further, If I am required to submit to a pre-employment background check, I understand and agree that \$15 will be deducted from my first paycheck.

Please list any city and state where you have lived, worked, or attended school in the past 10 years:

_____	_____	_____
_____	_____	_____

By signing below, I acknowledge that I was provided a copy of Staff DFW's Policies and Procedures Manual to review. I further agree that I have carefully read and agree to abide by all of Staff DFW's policies and procedures. I understand that not following such policies may result in termination of my employment at any time. I certify that the information provided by me on this application is true and correct to the best of my knowledge. Any false or misleading information I have provided in the application packet or stated verbally to any Staff DFW representative may be grounds for rejecting my application or for immediately terminating my employment, regardless of the amount of time that has passed before discovery of such misleading information.

PRINT NAME _____

SIGNATURE _____

DATE _____

Form	W-4	<h2 style="margin: 0;">Employee's Withholding Certificate</h2> <p style="margin: 0;">▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.</p> <p style="margin: 0; text-align: center;">▶ Give Form W-4 to your employer.</p> <p style="margin: 0; text-align: center;">▶ Your withholding is subject to review by the IRS.</p>		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div>												
Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____		(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 www.ssa.gov .													
	City or town, state, and ZIP code _____															
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)															
<p>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, when to use the online estimator, and privacy.</p>																
<div style="display: flex;"> <div style="width: 15%; border-right: 1px solid black; padding-right: 10px;"> Step 2: Multiple Jobs or Spouse Works </div> <div style="padding-left: 10px;"> <p>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.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or</p> <p>(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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input type="checkbox"/></p> <p>TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p> </div> </div>																
<p>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.)</p>																
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