

EMPLOYEE INFORMATION SHEET

DATE HIRED: _____

POSITION: _____

Department Number:
 Crisis Security (Div. 10)

 AWF (Div. 80)

APPLICANT INFORMATION

Last Name		First	Middle
Maiden Name	Social Security Number	Date of Birth	State of Birth
Driver's License Number			State Issued
Address			Apartment Number
City		State	Zip Code
Phone Number		Alternate Phone Number	

Are you allergic to any medication?
 Yes
 No
 Describe: _____

EMERGENCY CONTACT INFORMATION

Name		Relationship
Address		Apartment Number
City	State	Zip Code
Phone Number	Alternate Phone Number	

OFFICE USE ONLY

COPY GIVEN TO:
 HR Department

Hire Date: _____

 Payroll

Pay Rate: _____

APPLICANT PROFILE

CONTACT INFORMATION

First Name		Middle Name	Last Name
Social Security Number		E-Mail Address	
Address			
Temp Address			Temp Phone
Home Phone	Cell Phone	Emergency Contact	Contact Phone
How did you hear about Huffmaster?			Start Date

EDUCATION

Name & Location	Month/Year Graduated	Type of Degree
Name & Location	Month/Year Graduated	Type of Degree
Name & Location	Month/Year Graduated	Type of Degree

EXPERTISE/EXPERIENCE

Specialty/Unit	Months/Years Experience	Equipment
Specialty/Unit	Months/Years Experience	Equipment
Specialty/Unit	Months/Years Experience	Equipment

CERTIFICATIONS

Certification Description	Exp. Date	Certification Description	Exp. Date	Certification Description	Exp. Date
Certification Description	Exp. Date	Certification Description	Exp. Date	Certification Description	Exp. Date
Certification Description	Exp. Date	Certification Description	Exp. Date	Certification Description	Exp. Date

LICENSURE

State	License Number	Expiration Date	State	License Number	Expiration Date
State	License Number	Expiration Date	State	License Number	Expiration Date
State	License Number	Expiration Date	State	License Number	Expiration Date
State	License Number	Expiration Date	State	License Number	Expiration Date
State	License Number	Expiration Date	State	License Number	Expiration Date

PHYSICIAN STATEMENT

NAME: _____

DATE: _____

TB/PPD SKIN TEST

Date	Result

VARICELLA ZOSTER TITER

Date	Result
	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

HEPATITIS B VACCINATION

Date	Date	Date	Booster

HEPATITIS B TITER

Date	Result
	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

DECLINE – HEPATITIS B VACCINATION

Signature	Date

ACCEPT – HEPATITIS B VACCINATION (Contact your Huffmaster representative for more information)

Signature	Date

MMR BOOSTER

Date	Date

MMR TITERS

Mumps	Date	Result	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Rubeola	Date	Result	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Rubella	Date	Result	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

The patient, _____, has been examined by me and considered to be in good physical and mental health, as well as free of communicable diseases. He/She is able to perform all job duties associated with the travel nursing profession, to full capacity and without any limitations.

Physician Signature: _____	Physician Name: _____	Date: _____
Physician Address: _____	Phone Number: _____	License No: _____

DISCLOSURE AND AUTHORITY TO RELEASE INFORMATION

I understand that in processing my application with Huffmaster an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to: employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application to include medical records, or during the interview process.

If currently employed: My current employer may be contacted. Yes No

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Huffmaster and its agent Credential Check, from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Credential Check, P.O. Box 4504, Troy, Michigan 48099 (888.689.2000). I may also obtain a copy of this report by checking the "YES" box below.

If employed in MN, CA, OK: I would like a copy of any report regarding me. Yes No

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

APPLICANT INFORMATION (PLEASE PRINT)

Last Name	First	Middle
Street Address		
City	State	Zip Code

ADDITIONAL PERMANENT ADDRESSES (Please list any additional permanent addresses for the last 7 years)

City	State	Zip Code	Dates (From MM/DD/YY To MM/DD/YY)
City	State	Zip Code	Dates (From MM/DD/YY To MM/DD/YY)
City	State	Zip Code	Dates (From MM/DD/YY To MM/DD/YY)

ADDITIONAL TEMPORARY ADDRESSES (Please list each additional temporary address during the past 12 months- travel assignments are included)

City	State	Zip Code	Dates (From MM/DD/YY To MM/DD/YY)
City	State	Zip Code	Dates (From MM/DD/YY To MM/DD/YY)
City	State	Zip Code	Dates (From MM/DD/YY To MM/DD/YY)

Other Names Used _____
 Driver's License Number _____ State Issued _____ Expiration Date _____ Date of Birth _____

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THTE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Applicant's Signature	Social Security Number	Date
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DRUG AND ALCOHOL POLICY

Please read the following Drug and Alcohol Policy and indicate your understanding and intention to comply by signing the below acknowledgment.

Employment with ELS Human Resources and Huffmaster Companies (including but not limited to: Huffmaster Crisis Response, LLC and Alternative Workforce, Inc.) is conditioned on associates refraining from illegal use of drugs. Additionally, associates must refrain from being under the influence of illegal drugs, alcohol, marijuana, intoxicants or hallucinogenic agents while on duty, on company property, in lodging provided by the company, and in possession of company vehicles. We require associates to confirm to the standards of the Drug Free Workplace Act of 1988 (41 USC 701-707) as well as applicable laws, established policies, rules and regulations.

Employment or continued employment may be conditioned on the associates consent to physical examination by a medical facility selected by the company, with knowledge that tests will be conducted to determine the presence of drugs or alcohol and that the results of such examination and testing may have impact on employment or continued employment.

Random Testing:

From time to time, associates within specific groups may be routinely tested for drugs. No advance notice will be given of such testing. This testing is necessary to ensure the quality of service we provide to clients is at the highest possible level. Associates who refuse such testing will be deemed to have resigned voluntarily. Associates who take the required test and receive positive or inconclusive results must contact the testing facility immediately and speak with the testing agent for verification. Associates who test positive will not be allowed to return to work and will be dealt with according to established rules and regulations.

Specific Testing:

If management receives information that it deems reliable that an associate may be involved in the use, possession, sale or distribution of a controlled substance, or if the associate appears to management to be under the influence of drugs or alcohol, he or she will be required to submit to specific testing. Associates who refuse such testing will be deemed to have resigned voluntarily. Associates who take the required test and receive positive or inconclusive results must contact the testing facility immediately and speak with the testing agent for verification. Associates who test positive will not be allowed to return to work and will be dealt with according to established rules and regulations.

Any associate involved in an accident or incident on company property or involving company or client property may be required to submit to specific testing. Associates who refuse such testing will be deemed to have resigned voluntarily. Associates who take the required test and receive positive or inconclusive results must contact the testing facility immediately and speak with the testing agent for verification. Associates who test positive will not be allowed to return to work and will be dealt with according to established rules and regulations.

All costs associated with testing for an employee is paid by the company. In the event of positive results, employees must reimburse the company for all cost through payroll deduction.

Signature: _____

Date: _____

Printed Name: _____

CONVICTION AFFIDAVIT

To be completed by any person seeking employment with Huffmaster Crisis Response LLC, (security and related positions).

Read the following statement and indicate your understanding and intention to comply with it by signing the below acknowledgement.

I, the undersigned having applied for employment as a _____ with Huffmaster Companies, and having been advised that Huffmaster Companies provides security officer services in some states that prohibits any person having been convicted of any crime (Felony and/or misdemeanor) from performing such security officer services, does herewith state that he/she has not been convicted of a felony in any state of the United States of America.

Convictions or guilty pleas are not an automatic bar to employment. Please describe in full any conviction or current probation. All circumstances will be considered.

REVIEW OF CONVICTIONS

Date of Offense	Charge	Status/Disposition

I certify that I have read and understand this affidavit and that the answers given by me to the foregoing are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment.

Signature: _____

Date: _____

Printed Name: _____

NO WEAPONS POLICY

The following is the No Weapons Policy of ELS Human Resources and Huffmaster Companies, (which includes but is not limited to Huffmaster Crisis Response, LLC and Alternative Workforce, Inc.).

Read the following No Weapons Policy and indicate your understanding and intention to comply with it by signing.

Employees are prohibited from having in their possession any weapon while on duty, while on company or client property, while in company-provided hotels or motels, while in uniform or while in possession of a company vehicle. Management may make specific exceptions to this rule in writing and signed by an officer of the company for individuals who have been properly trained and licensed when a specific job necessitates such exception. If so authorized, Employees must comply with all federal, state and local laws as well as company policy.

Weapons shall be interpreted to include: guns of any type (including toy guns), knives, mace or chemical weapons, sap gloves, black jacks, Gerber multi-tools, chains, slapjacks, night sticks, brass or aluminum knuckles or any item that might be perceived as a weapon (e.g., axe handles, baseball bats, etc.).

Employees are also prohibited from carrying handcuffs and other police equipment not specifically authorized by management

I understand that violation of the No Weapons Policy is grounds for immediate termination.

Signature: _____

Date: _____

Printed Name: _____

TERMS AND CONDITIONS OF EMPLOYMENT

The undersigned, as a condition of being offered employment by ELS Human Resources and Huffmaster Companies, (which includes but is not limited to Huffmaster Crisis Response, LLC and Alternative Workforce, Inc.) hereby acknowledge that he/she has read this document, understands all of its terms and conditions and agrees to all of its terms and conditions.

1. Video or still photos of me taken while performing services for Huffmaster Companies or its Client may be used by Huffmaster Companies for its promotional material and I shall receive not compensation for the use of such video or still photos.
2. I will be provided motel/hotel accommodations (2 men or 2 women to a room, 2 beds to a room), at Huffmaster Companies expense while performing my services. I will not charge any room expenses, such as but not limited to telephone, television, food or beverage expenses while occupying that room. I will be personally responsible for any charges at such a motel/hotel, including any room damage.
3. I authorize senior management personnel of Huffmaster Companies to enter my hotel/motel room at any time, even in my absence to observe what can be seen. I do not grant any permission to searches of my personal belongings in such room.
4. If I choose to stop performing services to Huffmaster Companies before the job ends or before I complete my 45 day commitment, I shall be solely responsible for my cost of travel, food and accommodations, to any destinations I choose and the travel cost for any Huffmaster Companies employee to replace me.
5. I hereby certify that any documentation I must possess to perform the services for which Huffmaster Companies hired me, are current and legal. Providing Huffmaster Companies with false or expired documentation will be cause for **immediate termination** and I would be responsible for the cost of travel, food and accommodation to any destination I choose.
6. I shall be paid \$_____ cash per day as a Per Diem benefit for each day I work and any weekend days while I am required to remain as a motel/hotel occupant.
7. I understand that any misconduct on my part, such as but not limited to, failure to perform my assigned duties, behavior which is unacceptable to Huffmaster Companies Client or which adversely impacts Huffmaster Companies' reputation will result in my immediate termination **and I would be responsible for the cost of travel, food and accommodation to any destination I choose. I will also be responsible for the travel cost of any employee to replace me.**
8. I authorize any payroll deductions that may be necessary including, but not limited to, those reimbursements of travel expenses as listed above.

Signature: _____

Date: _____

Printed Name: _____

FOR OFFICE USE ONLY

Job Number	Position	Pay Rate