



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Ritesource Staffing is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job related factors.

BASIC INFORMATION

Date:	Name:(last)	(first)
Cell Phone:	Home Phone:	
Social Security Number:	Driver's License & State:	
Present Address:	City	St Zip
Email Address:		

EMPLOYMENT

Position Applying for:	Pay Desired:
Days Available to Work:	
How soon are you available to start?	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone & Contact:	
Are you available to work on weekends?	
Are you available to work overtime if necessary?	
How far are you willing to commute?	

PERSONAL INFORMATION

Have you ever applied/worked for Ritesource Staffing before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	
How did you hear about Ritesource Staffing? <input type="checkbox"/> Website <input type="checkbox"/> Personal Referral, Name: <input type="checkbox"/> Other	
Do you have any relatives/friends working for Ritesource Staffing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state name(s) and relationship:	
Do you have reliable means of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Circle highest grade completed: 7 8 9 10 11 12 GED AA BA/BS MA/MS	
If hired, can you provide evidence of your U.S. citizenship or proof of your legal right to live & work in the US?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job in which you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, describe the functions that cannot be performed:	

Note: Hire may be subject to passing medical examination and skill and agility tests.

CRIMINAL BACKGROUND

Have you ever been convicted of a criminal offense (Felony or serious Misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state the nature of the crime, when and where convicted and disposition of the case:	

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application.

Applicant's Signature:	Date:
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EMERGENCY CONTACT INFO

Name:	Phone:	Relationship:
Address:		



Ritesource Staffing Employee Orientation Review:

Thank you for choosing Ritesource Staffing. We look forward to a long and successful relationship. For your convenience, a review follows:

1. It is your responsibility to call the office when you are available for work. The best time to check in is between 9:00am - 4:30pm. You should inform Ritesource Staffing Inc. if your needs, skills or personal information changes.
2. You understand that you are an employee of Ritesource Staffing Inc. and only yourself and Ritesource Staffing Inc. can terminate your employment. When an assignment ends you must call Ritesource Staffing Inc. for an exit interview and any future job assignments. Failure to do so will indicate that you have voluntarily terminated your employment with Ritesource Staffing Inc.
3. Since Ritesource Staffing Inc. is your employer - for any reason you will be late for your assignment, you must notify Ritesource Staffing Inc. immediately! Outside office hours, you will need to leave a message on the answering machine. If you do not call and do not arrive at your assignment, you understand that you have voluntarily terminated your employment with Ritesource Staffing Inc.
4. If you are released due to attendance issues or voluntarily terminate your employment within the first 3 months, or at anytime no call - no show to an assignment, you will be paid Colorado's minimum wage for any remaining hours that Ritesource Staffing Inc. owes you. _____ **(initials here)**
5. Ritesource Staffing Inc. recognizes the following holidays: Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas. To qualify for holiday pay you must have work Ritesource Staffing Inc. for one year and you must also work at least 24 hours in the holiday week.
6. Work safely and think safely. If you are injured on the job you will need to inform your supervisor and Ritesource Staffing Inc. immediately! Ritesource Staffing Inc. will coordinate with the client and yourself the proper procedure for treatment and reporting the accident. If you are injured on the job it is Ritesource Staffing Inc. policy that you must submit to a drug test.
7. Time sheets must be received by Monday @9am. Failure to get your timesheet sent in will result in your check being delayed by a week. It is your responsibility to send in a time sheet, do not depend on anyone else to do this for you! Checks are mailed out of the office on Friday each week - we do offer direct deposit!
8. Ritesource Staffing Inc. may execute a Criminal, Drug and Credit screening if necessary for position(s) applied for.
9. I authorize that all statements in this application are true and correct. I authorize investigation of all statements contained in this application, and it is understood and agreed that any misrepresentations (including omission of information) in this application are cause for termination or further consideration or dismissal.
10. I understand that my employment is for no definite period and may be terminated at any time with or without cause. In no event shall hiring or placement be considered as a contract of employment. Ritesource Staffing Inc. complies with all State and Federal rules and regulations and does not discriminate based on racial category, gender, age, religion, national ethnic origin, sexual preference or disability in employment practices.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____



REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, RITESOURCE STAFFING, INC will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications.

Choice Screening will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, and current and former employers, military records, and education records, professional and personal references.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed _____ Today's Date _____
Printed Name _____ Position Applied For _____
Social Security Number ___-___-___ Date of Birth ___/___/___ Driver's License Number _____ State _____

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?
Former Address: _____
Street Apt.# City State Zip Code How long here?

I have read and fully understand the above notice? _____Yes _____No

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)