



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 Pinpoint Staffing, LLC. 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
Would you like a copy of this report? Yes No

Skill Summary:

Please use the following numbers to indicate your actual on-the-job experience in the following construction-related areas. Only enter numbers in the areas, which you are interested in working, have experience and can provide verifiable references.

Level of Experience:

List the number of years of experience in each area. If no experience, leave blank. If less than one year of experience, put zero.

Labor & Foundation

- Demolition
- Digging
- Landscape
- Jackhammer
- Nailing
- Insulation
- Forms
- Rebar
- Concrete pour
- Concrete finish
- Block
- Brick
- Stucco

Carpentry

- Framing
- Sheathing
- Rafters
- Stairs
- Windows
- Shingles
- Siding
- T-III Siding
- Doors
- Interior trim
- Install cabinets
- Cabinet making

Elec/Mech/Drywall

- Res. Electric
- Comm. Electric
- Res. Plumbing
- Comm. Plumbing
- HVAC
- Ducts
- Hang drywall
- Metal studs
- Tape
- Bazooka
- Smooth wall
- Texture
- Plaster

Painting/Tile/Other

- Paint prep.
- Brush & Roll
- Airless spray
- Tile
- Floor tile
- Linoleum
- Carpet
- Wallpaper
- Wood floors
- Floor sanding
- Welding
- Heavy Equip.
- Supervision

Tool List

Carpentry Tools

- Tool belt
- Carpenter's pencil
- 16' tape measure
- 25' tape measure
- 30' tape measure
- 100' tape measure
- Red chalk line
- Blue chalk line
- Combination square
- Framing square
- Roofing (speed) square
- Nail punches
- Nail sets
- Framing hammer
- Finish hammer
- Rigging ax
- Nail puller (cat's paw)
- Flat bar

- Flat screwdrivers
- Phillips screwdrivers
- Slip joint pliers
- Nail cutters
- Crescent wrench
- Cold chisel
- Wood chisel
- Hand plane
- Block plane
- Hand saw
- Dovetail saw
- Keyhole saw
- Hacksaw
- Torpedo level
- 2' level
- 4' level
- Skill saw
- Sawzall

- Right angle drill
- 3/8" drill
- 1/2" drill
- Cordless drill
- Router
- Power plane
- Saw horses
- Table saw
- Radial arm saw
- Band saw
- Joiner/planer
- Drill press
- Compressor
- Framing nail gun
- Finish nail gun
- Staple gun
- Belt sander
- Disc sander

Drywall Tools

- Drywall hammer
- Screw gun
- Drywall circle cutter
- Drywall strght edge
- Drywall square
- Sheetrock saw
- Mud pans
- Taping knives
- Bazooka
- Hopper/spray rig
- Skip trowel

Wrecking bar

Utility knife

Plumbing Tools

Pipe vise

Tubing bender

Tubing cutter

Pipe cutters

Metal cutting sawzall blades

Soil pipe cutter

Teflon tape

Plumbers putty

Pipe dope

Cast iron cutters

Basin wrench

Swaging tool

Flaring tool

Nut breaker

Propane gas torch

Mapp gas torch

Oxy/acetylene torch

Power auger

Hole hog

Hammer drill

Power threader

Plungers

Droplight

Valve seat tools

Valve seat wrench

Wire brushes

Monkey wrench

Pipe wrench

Snake

Closet auger

Tap and die set

Reamer

Mimi hacksaw

Spade bits

Safety glasses

Chop saw

Jig saw

Electrical Tools

Needle nose pliers

Lineman's pliers

Wire strippers

Aviation snips

Continuity tester

Voltage tester

OHM meter

Pocket knife/razor blade

Cable stripper

Cable crimper

T&B bender

1/2" bender

3/4" bender

Allen wrenches

Awl

Split shank screwdriver

Channel locks

Vise grips

Fuse puller

Plum bob

Tri-cap

3/8" socket set

Metal files

Wood files

Offset screwdriver

Diagonal cutting pliers

C-clamps

Bar clamps

Telephone clammer

Electrical tape

Flashlight

Fish tape

Other _____

Earplugs

Drill bit extensions

Orbital sander

Concrete Tools

Edging trowels

Hand trowels

Mag floats

Bull floats

Wood floats

Brooms

Butterfly floats

Flat shovel

Round shovel

Wheelbarrow

Painting Tools

Paint brushes

Paint rollers

Roller extension poles

Drop cloths

Conventional sprayer

Airless sprayer

Painter's whites/coveralls

Tile Tools

Mud box

Tile cutter

Tile saw (wet saw)

Straight edges

Personal Protective Equipment (PPE)

Work boots

Gloves

Compass saw

Hole cutters

Hard Hat

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

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 2010. 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 _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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 _____
{	<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. 	}			
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 _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
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 _____			
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 _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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 \$18,000 (\$32,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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 \$18,000 (\$32,000 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. 	}	
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----- 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: 5px 0 0 20px;">► 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 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
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 \$	
7 I claim exemption from withholding for 2010, 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
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 (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)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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