BBSI

APPLICATION for CO-EMPLOYMENT

LAST NAME	FIRST NAME		MI
MAILING ADDRESS	CITY	STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE	HOME PHONE	MESSAGE / CELL PHONE	
EMAIL ADDRESS	EMERGENCY CONTACT: NAME / PHONE		

HAVE YOU EVER HAD A SECURITY CLEARANCE? ☐YES ☐NO	WHERE?	WHEN?	LEVEL?
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS ☐YES ☐NO (CA applicants need not list marijuana possession crimes older than 2 years.)	IF YES, PLEASE EXPLAIN	ARE YOU AT LEAST 18 YEARS OLD? ☐YES ☐NO	
HAVE YOU EVER APPLIED WITH BBSI BEFORE? ☐YES ☐NO	IF YES, GIVE DATE / BRANCH	IF NO, DO YOU HAVE A WORK PERMIT? ☐YES ☐NO	

EMPLOYMENT HISTORY

CURRENT EMPLOYER	TITLE / POSITION	
EMPLOYEE ID #	DEPARTMENT	DATE OF HIRE

EMPLOYER (1)	TITLES / DUTIES		
ADDRESS			
SUPERVISOR	PAY RATE	DATES	TO
TELEPHONE	REASON FOR LEAVING		
COMMENTS			

EMPLOYER (2)	TITLES / DUTIES		
ADDRESS			
SUPERVISOR	PAY RATE	DATES	TO
TELEPHONE	REASON FOR LEAVING		
COMMENTS			

EMPLOYER (3)	TITLES / DUTIES		
ADDRESS			
SUPERVISOR	PAY RATE	DATES	TO
TELEPHONE	REASON FOR LEAVING		
COMMENTS			

EDUCATION

		INSTITUTION	CITY, STATE	FIELD OF STUDY
	High School Grad			
	Trade School			
	GED			
	AA/AS Degree			
	BA/BS Degree			
	Masters			
	Ph.D.			

ALCOHOL and DRUG POLICY STATEMENT

Concern for employees' safety and health has always been and continues to be a major commitment of BBSI ("the Company"). The Company expects all employees to assist in maintaining a work place free from alcohol and drugs.

POLICY

Buying, selling, giving, receiving, possession or use of, or impairment from illegal drugs, while on Company premises, during work hours or meal breaks is not permitted. This includes all behavior-altering substances that could influence job performance. Impairment from or use of alcohol while on Company premises or during work hours is not permitted. Employees are expected to be in suitable mental and physical condition at work, free from all influences of alcohol and drugs.

An employee who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others, must notify a supervisor of such use immediately before starting or resuming work.

Violations of this policy are grounds for disciplinary action, up to and including termination of employment or denial of employment.

MEDICAL EVALUATIONS, SCREENING AND TESTING

CONSENT FORM: A signed consent form is to be obtained from an applicant or employee before a test, screen, or evaluation is conducted.

APPLICANTS: The Company reserves the right to screen, test and otherwise evaluate for alcohol and drug abuse. If a drug screen result is "inconclusive", the applicant has the option to undergo a clinical test or decline going further in the application process. If the clinical test results are positive the applicant is not to be hired and must pay for the test. If the clinical test results are negative, the normal application process may be resumed and the Company will pay for the test.

EMPLOYEES: The Company reserves the right to test, screen, and otherwise medically evaluate all employees for alcohol and drug abuse. This may be done on a probable cause, post-injury, random, or systematic basis, where lawful, at any time the Company decides to do so. When an employee is screened and the results are "inconclusive" the employee is to be immediately suspended from work and removed from the work site until clinical test results return. When an employee is clinically tested and the results are positive, the employee is to be terminated. If the results are negative from the clinical test, the employee is to be paid for any time missed because of the suspension and be returned to his/her previous position.

REFUSALS: A refusal to submit to screening, testing, or evaluations will render the same results as if the confirmation test produced a positive result, namely, ineligibility for hire, and if currently an employee, termination of employment.

TAMPERING: Tampering or attempting to tamper with a specimen sample will render the same results as if a confirmation test produced a positive result, namely, ineligibility for hire, and if currently an employee, termination.

This policy in no way should be construed as an employment contract of any kind, implied or otherwise.

SEARCHES

The Company specifically reserves the right to carry out reasonable searches of personal effects and vehicles when individuals are entering, while on, and leaving company premises including, but not limited to, all occupied or vacant, land, buildings, structures, installations, automobiles, trucks, and all other company owned or leased property. Submission to such a search is voluntary; however, refusal may be cause for expulsion from premises, and if an employee, discipline up to and including termination of employment.

ACKNOWLEDGEMENT and AGREEMENT

BBSI is a Professional Employer Organization and has a contract to provide your Worksite Employer with certain services including payroll processing, benefits and workers' compensation insurance administration, and other administrative functions.

Your Worksite Employer is your primary employer and has exclusive control of the worksite, supervises and directs your day-to-day work activities, provides the facilities and furnishes the equipment and supplies for your work, determines your work schedule, monitors your workload and productivity, and determines your rate of pay and job classification.

I understand that nothing contained in this employment application creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no representative of the company, other than the president of the company, has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and any such agreement to the contrary must be in writing and signed by the president. I also understand that I am required to abide by all of the rules and regulations of the company.

If I am ever injured on the job or unable to perform my job duties because of a job related injury, I agree to immediately report the facts TO BOTH my Worksite Employer and BBSI. I agree to immediately report to BBSI in order to perform any modified work as assigned.

My signature on this employment application authorizes my Worksite Employer and/or BBSI to investigate all statements and information given on this application and to check my professional and personal references to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I understand and agree that falsification of information, misleading statements, misrepresentation, or omission of facts on this or other Worksite Employer or BBSI employment forms, is cause for denial of employment or if employed, cause for dismissal regardless of when discovered.

BBSI does not discriminate among applicants or employees on the basis of race, color, age, sex, religion, national origin, marital status, sexual orientation, the presence of medical conditions or disability, or any other legally protected status. BBSI is not an employment agency.

✓ SIGNATURE: _____ DATE: _____ ✓