



## Employment Application

**PLEASE NOTE: A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUIRED IN THIS APPLICATION**

				DATE				
NAME				SOCIAL SECURITY NUMBER				
ADDRESS		CITY		STATE		ZIP		
				TELEPHONE NUMBER – HOME (    )				
EMAIL ADDRESS				TELEPHONE NUMBER – CELL (    )				
POSITION(S) DESIRED				EARNINGS EXPECTED PER HR. \$				
IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK?								
TYPE OF POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		SPECIFY DAYS AND HOURS, IF PART-TIME						
HAVE YOU PREVIOUSLY APPLIED WITH CPAY, LLC? IF YES, PLEASE LIST DATE. <input type="checkbox"/> YES <input type="checkbox"/> NO								
HAVE YOU EVER BEEN EMPLOYED BY CPAY, LLC? IF YES, LIST DATES AND CLIENT COMPANY/IES: <input type="checkbox"/> YES <input type="checkbox"/> NO								
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, EXPLAIN								
<b>EDUCATION</b>								
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSES MAJORED IN GIVE DEGREE	CHECK LAST YEAR COMPLETED				GRADUATE?	LAST YEAR ATTENDED
HIGH SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
BUSINESS OR TRADE SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
CORRESP. OR NIGHT SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		

LIST BELOW THE NAMES OF ALL YOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT. A. COMPANY NAME B. TITLE AND PHONE NUMBER OF SUPERVISOR	SALARY	DATES EMPLOYED				RESPONSIBILITIES	REASON FOR LEAVING
		FROM		TO			
		MO	YR	MO	YR		
1 a.							
b.							
2 a.							
b.							
3 a.							
b.							
4 a.							
b.							
5 a.							
b.							
6 a.							
b.							
INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU <b>DO NOT</b> WISH US TO CONTACT:							
REFERENCES (PLEASE DO NOT LIST RELATIVES)		COMPANY NAME AND TITLE				PHONE NUMBER	
						( )	
						( )	
						( )	
<b>PLEASE LIST ANYONE YOU MAY KNOW WHO MAY BE INTERESTED IN LEARNING OF NEW JOB OPPORTUNITIES</b>							
FIRST AND LAST NAME		POSITION(S) DESIRED				PHONE NUMBER	
						( )	
						( )	
						( )	

**CERTIFICATION**

**AGREEMENT**

If the undersigned candidate accepts employment from an employer cPay, LLC has presented to the candidate, the candidate agrees to notify cPay, LLC in writing within 48 hours of employment offer. cPay, LLC shall be compensated for placement fees by the employer. If the employer fails to compensate cPay, LLC the candidate must terminate employment within 90 days or shall be liable for placement fees.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION AS TO A MATERIAL FACT, MY EMPLOYMENT WILL BE TERMINATED. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS REGARDING PERSONAL HISTORY.

AS AN APPLICANT YOU **MUST READ, UNDERSTAND, AND AGREE WITH OUR POLICIES AND PROCEDURES** FOLLOWING.

*If you have any questions or misunderstandings about any part of this employment application, please contact cPay, LLC for clarification, 636-949-5373 Monday through Friday, 9am - 5pm.*

YES I HAVE READ AND UNDERSTAND THE **POLICY & PROCEDURE AGREEMENT** LISTED BELOW, AND BY SUBMITTING MY APPLICATION TO CPAY, LLC, I AGREE I WILL COMPLY WITH THE **POLICY & PROCEDURE AGREEMENT**.

SIGNATURE	DATE
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**cPAY STAFFING SOLUTIONS' POLICY & PROCEDURE AGREEMENT, 2015**

Thank you for your interest in working with cPay, LLC. Please read the following employment policies carefully. Before accepting an assignment, make sure you understand the policies fully. Any violation of these policies could result in termination of your assignment and our working relationship. If you have any questions or concerns, please do not hesitate to ask for clarification.

**POLICIES & PROCEDURES:**

cPay, LLC employees should conduct themselves in a professional manner at all times. Client companies may view temporary assignments as extended job interviews. Your conduct, dress, attendance, punctuality, cooperation, and flexibility are an indication of how you will perform should they decide to hire you. If you are on an assignment for cPay, LLC and are interested in an open position with our client company, please make your staffing consultant aware of your interest. We will pursue the opportunity on your behalf.

cPay, LLC requires a 5 day notice should you determine it necessary to terminate an assignment for any reason. This notice must be given to your cPay, LLC staffing consultant. In the event you are unable to give this notice, this *may* result in termination of our working relationship. In addition, the fee for your background check and drug screen will be deducted from your last pay check.

In the event you are injured while on an assignment for cPay, LLC you agree to contact your cPay, LLC staffing consultant immediately. Not doing so may result in the delay or denial of your benefits.

**ATTENDANCE & ABSENCE NOTIFICATION:**

You are an employee of cPay, LLC assigned to one of our client companies. Therefore, we should be notified of absences, tardiness, or other needed time off. We will in turn make arrangements with the client company. Punctuality & reliability are a *must* on any assignment. If you must be absent or late because of illness or an emergency, it is very important you give as much notice as possible. Employees should first call the supervisor of the company you are working at, then contact cPay, LLC and leave a message on our main line, 636-949-

5373. There is voicemail available to you 24 hours a day. If you choose to leave during a shift, you agree that your pay rate for all hours worked that week will be reduced by **\$1.00 per hour**. This could also result in termination of our working relationship. If you have to be replaced during your absence, you may have to wait for another opening to return. Do not assume you should return to your assignment the next day. Please call later in the day for direction.

Before accepting an assignment, please make your staffing consultant aware of any pre-existing appointments that might require you to need time off during the length of the assignment. These include doctor appointments, vacations, parent/ teacher conferences, etc. We will work these out ahead of time with the client. We are aware that emergencies do occur; however, please remember attendance is very important!

### **DRUG/ALCOHOL/FIRE ARMS POLICY:**

All candidates will be given a background check and drug screen during the application process. The **\$40.00** fee associated with drug testing and background checks will be deducted from your paycheck. cPay, LLC abides by the Drug-Free Workplace Act. We believe a drug-free environment is vital to the safety and well being of our employees and customers. Pre-Employment drug testing, random drug testing and post accident drug testing are in place. Candidates may be tested for “cause” when displaying obviously impaired behavior that would suggest the individual is under the influence of alcohol or drugs. Employment will be terminated *immediately* if someone is under the influence or is in possession of alcohol or drugs at work.

If you sell, purchase, or use illegal drugs on **or** off company property, it will result in your immediate dismissal. Refusal to submit to a required drug/alcohol test will result in termination or refusal to hire.

For any positive drug test due to a prescription drug, the candidate must produce a valid prescription. A valid prescription is one that was written by a doctor, specifically for the candidate. Positive drug test resulting from a non-valid prescription drug will result in termination of employment or refusal to hire.

There is a no tolerance fire arm policy which strictly prohibits the use, or carry, of any fire arm for any reason while on assignment. This policy is strictly enforced and exercises a no tolerance policy. If you are found to have a fire arm while on assignment, it will result in your immediate dismissal.

### **ACCIDENT/INJURY/INCIDENT REPORTING:**

All work related accidents, injuries, illness, near misses and damage of equipment/property *must* be reported within 24 hrs to the appropriate client supervisor and cPay, LLC It is also important to report ALL unsafe conditions to your supervisor and cPay, LLC staffing consultant immediately. There is mandatory drug testing in place following any work-related accident including, but not limited to:

- Accidents that cause injury to another associate or customer
- Accidents that cause property damage of \$100 or more
- Accidents that require medical attention beyond in house first aid

Post accident drug test must be taken within 24 hours of an accident report. A confirmed positive result will lead to immediate termination.

### **TIMESHEETS AND PAYCHECKS:**

Please understand, timesheets are *your* personal responsibility. They are to be completed by you alone or your immediate supervisor. Having another employee fill in your timesheet could result in termination of your assignment. Timesheets should not be filled out before time is worked. You should also verify your timesheet for accuracy as errors could delay your being paid in a timely manner. Timesheets must be turned in by the Monday following the last week worked to guarantee payment by payday.





**Direct Deposit Authorization Form**

Candidate Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Please check the appropriate box that applies to the account information submitted below:

Checking Account                       Savings Account

*Please note, cPay, LLC may not accept any written bank account information. The information submitted for direct deposit must be in original bank document form*

**Please Staple Voided Check Here**

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**Authorization for Direct Deposit**

I authorize cPay, LLC and their agents, including financial institutions, to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my account listed above. This authorization will remain in effect until I have canceled it in writing.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

