

Dress Code Policy

_____ strives to achieve a work environment that functions free of distractions and irritations. In the effort to maintain this, _____ requires all employees to preserve a clean and formal presence that is adequate for the workplace. Every employee must comply with every step of the present policy to accomplish its purpose. Check all acceptable workplace attire:

Pants:

- Uniforms
- Khakis or corduroys
- Jeans
- Shorts
- Exercise wear, sweatpants, leggings

Shirts:

- Uniforms
- Dress shirts
- Shirts with company logo
- Turtlenecks and Sweaters
- Blazers or Coats
- Exercise wear

Shoes:

- Dress shoes
- Casual (mules, snickers, sandals)
- Open-toed shoes

If a staff member's dress represents an issue by not complying with this policy, the supervisor(s) should examine the problem with the employee in private in order to solve the issue. If the problem continues, supervisor(s) should follow the standard corrective process.

Acknowledgement of Employee

I, _____ [employee name], acknowledge that on _____ (date), I received and read a copy of the [EMPLOYER NAME]'s Dress Code Policy and understand that it is my obligation to be acquainted with

Signature

Printed Name

Date

and accept its terms. I understand that the information in this Policy is intended to help all employees to work together in a successful way.

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

EMPLOYEE EMERGENCY CONTACT FORM

Name

Department

Personal Contact Info:

Home

Address

—

City, State, ZIP

Home Telephone # _____ Cell #

Emergency Contact Info:

(1) Name

Relationship

Address

City, State, ZIP

Home Telephone # _____ Cell #

Work Telephone # _____ Employer

(2) Name

Relationship

Address

City, State, ZIP

Home Telephone # _____ Cell #

Work Telephone # _____ Employer

Medical Contact Info:

Doctor Name. _____ Phone #

Dentist Name _____ Phone #

I have voluntarily provided the above contact information and authorize _____ and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ **Date**

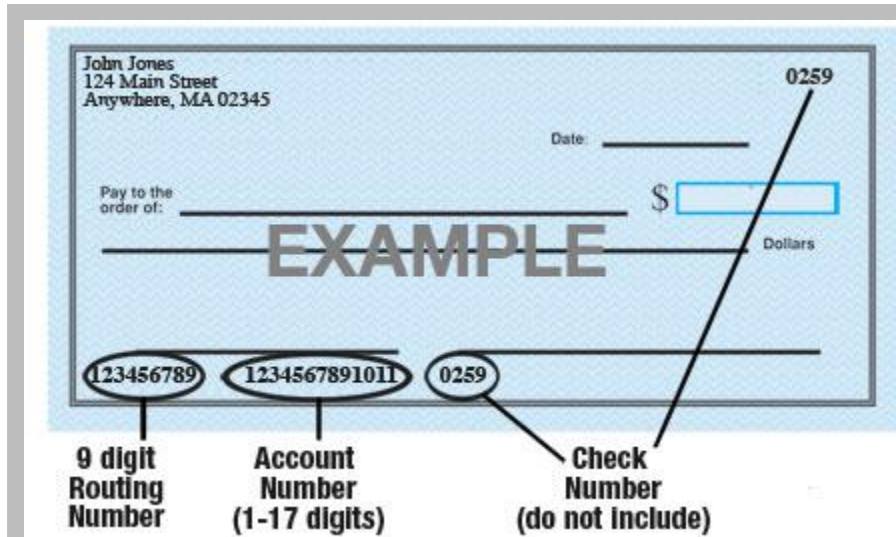
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ [Company Name] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____