



**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?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?                     | WHEN?                           | LEVEL?   |
| HAVE YOU BEEN CONVICTED OF A FELONY OR SERIOUS MISDEMEANOR IN THE LAST 7 YEARS<br><small>(CA applicants need not list marijuana possession crimes older than 2 years.)</small> | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE EXPLAIN     |                                 | ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO    |
| HAVE YOU EVER APPLIED WITH BBSI BEFORE?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, GIVE DATE / BRANCH |                                 | IF NO, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO |

**EMPLOYMENT HISTORY**

|                         |                    |                  |    |  |
|-------------------------|--------------------|------------------|----|--|
| <b>CURRENT EMPLOYER</b> |                    | TITLE / POSITION |    |  |
| EMPLOYEE ID #           | DEPARTMENT         | DATE OF HIRE     |    |  |
| <b>EMPLOYER (1)</b>     |                    | TITLES / DUTIES  |    |  |
| ADDRESS                 |                    |                  |    |  |
|                         |                    |                  |    |  |
| SUPERVISOR              | PAY RATE           | DATES            | TO |  |
| TELEPHONE               | REASON FOR LEAVING |                  |    |  |
| COMMENTS                |                    |                  |    |  |
| <b>EMPLOYER (2)</b>     |                    | TITLES / DUTIES  |    |  |
| ADDRESS                 |                    |                  |    |  |
|                         |                    |                  |    |  |
| SUPERVISOR              | PAY RATE           | DATES            | TO |  |
| TELEPHONE               | REASON FOR LEAVING |                  |    |  |
| COMMENTS                |                    |                  |    |  |
| <b>EMPLOYER (3)</b>     |                    | TITLES / DUTIES  |    |  |
| ADDRESS                 |                    |                  |    |  |
|                         |                    |                  |    |  |
| SUPERVISOR              | PAY RATE           | DATES            | TO |  |
| TELEPHONE               | REASON FOR LEAVING |                  |    |  |
| COMMENTS                |                    |                  |    |  |

**EDUCATION**

|                          | INSTITUTION      | CITY, STATE | FIELD OF STUDY |
|--------------------------|------------------|-------------|----------------|
| <input type="checkbox"/> | High School Grad |             |                |
| <input type="checkbox"/> | Trade School     |             |                |
| <input type="checkbox"/> | GED              |             |                |
| <input type="checkbox"/> | AA/AS Degree     |             |                |
| <input type="checkbox"/> | BA/BS Degree     |             |                |
| <input type="checkbox"/> | Masters          |             |                |
| <input type="checkbox"/> | Ph.D.            |             |                |

## SUMMARY of POLICIES

### **AT-WILL EMPLOYMENT**

Employment at your Worksite Employer and Barrett Business Services, Inc. (BBSI) is "AT-WILL". The employment relationship may be terminated for any reason with or without cause or notice at any time by you or either Company. No oral statement shall limit the right to terminate employment at-will.

### **EQUAL EMPLOYMENT PRACTICES**

BBSI is an equal opportunity employer and makes employment decisions on the basis of merit. BBSI's policy prohibits unlawful discrimination based on race, disability, medical condition, veteran status, sexual orientation or any other consideration made unlawful by federal, state or local laws. BBSI's commitment to equal opportunity employment applies to all persons involved in the operations of the company and prohibits unlawful discrimination by any employee, including supervisors and co-workers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with disabilities, BBSI will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

If BBSI determines that unlawful discrimination has occurred, remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. BBSI will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your co-workers.

### **UNLAWFUL HARASSMENT, SEXUAL HARASSMENT AND WORKPLACE VIOLENCE**

BBSI does not tolerate harassment, sexual harassment or violence of any type to our employees, clients, vendors or suppliers. Any form of harassment which is prohibited by the Equal Employment Opportunity Commission and which violates federal, state or local law, including, but not limited to, harassment related to an individual's race, religion, color, sex, sexual orientation, national origin, ancestry, citizen status, marital status, pregnancy, age, medical condition, handicap or disability is a violation of this policy. Any employee who engages in any of the acts or behavior described below, is subject to employee disciplinary action, up to and including immediate discharge.

- **HARASSMENT:** Verbal, physical or visual conduct of a racial, ethnic or other type which, in the employee's opinion, impairs his or her ability to perform the job.
- **SEXUAL HARASSMENT:** Sexual harassment includes unwelcome sexual advances or visual, verbal or physical conduct of a sexual nature. This definition encompasses many forms of offensive behavior, including gender-based harassment of a person of the same sex as the harasser, conduct of a sexual nature that creates an offensive, intimidating or hostile work environment and coerced sexual conduct by a person in a position of authority.
- **VIOLENCE:** Any behavior that could be construed as violent in nature or any physical action that is intimidating or violent to any person.

Complaints of harassment of any type should be reported immediately, without fear of reprisals, to both your Worksite Employer AND to BBSI. Confidentiality will be maintained to the extent permitted by the circumstances.

### **ELECTRONIC DATA SYSTEMS**

BBSI and/or Worksite Employer may maintain a voice-mail system, an electronic mail (e-mail) system or various other systems to assist in the conduct of business. These systems, including the equipment and the data stored in the system are, and remain at all times, the property of BBSI and/or Worksite Employer. As such, all messages created, sent, received or stored in the system are and remain the property of BBSI and/or Worksite Employer. All information and data maintained by BBSI and/or Worksite Employer should be considered confidential BBSI and/or Worksite Employer information and should not be disclosed to unauthorized personnel.

Messages should be limited to the conduct of BBSI and/or Worksite Employer business. Voice-mail and electronic mail may not be used for the conduct of personal business and may be reviewed by BBSI and/or Worksite Employer.

### **EMPLOYEE EXPENSE REIMBURSEMENTS**

At the express written request of a Worksite Employer, BBSI, on behalf of the Worksite Employer, will make allowances, advance funds, or reimburse Employees for expenditures made by Employees in connection with services performed for or on behalf of the Worksite Employer.

The Worksite Employer shall maintain and administer an accountable plan for all advances, allowances, or reimbursements made to Employees. Any advances, allowances, or reimbursed expenses paid to the Employees are considered as made by the Worksite Employer and pursuant to the Worksite Employer's accountable plan. BBSI is the Worksite Employer's paying agent in connection with Worksite Employer's accountable plan.

BBSI does not and shall not maintain an accountable plan for the Employees of the Worksite Employer.

## 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

I have been informed of my Worksite Employer's agreement with Barrett Business Services Inc. (BBSI) for Professional Employer Services. I understand that I will be co-employed by my Worksite Employer and BBSI. My signature below acknowledges that I have been informed of this fact and am in agreement with it.

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: \_\_\_\_\_



**BACKGROUND CHECK AUTHORIZATION**

I acknowledge that I have received and read the *Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act* and this *Background Check Authorization*. I certify that I understand the documents I have received.

I hereby authorize the Company, for employment purposes, to obtain consumer reports and/or investigative consumer reports.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Candid Research, Inc.

**California Only:** I understand that I have the right to access my file as maintained by Candid Research, Inc. during normal business hours. By submitting proper identification and paying any duplication costs, I have the option of requesting my file via (1) mail, (2) in person at the Candid Research, Inc. office during normal business hours and on reasonable notice (I may be accompanied by one other person, provided that person furnishes proper identification), or (3) a summary of the file by telephone. Candid Research, Inc. will have personnel available to explain my file as well as any coded information therein.

**New York Only:** I hereby acknowledge that I have received and read a copy of Article 23A of the New York Correction Law. I understand that I will be advised if any further checks are requested and will be provided with the name and address of the consumer reporting agency.

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If you wish to receive a free copy of the investigative and/or consumer report created by Candid Research, Inc., please include your contact information where indicated below.

Yes, I wish to receive a copy of my investigative and/or consumer report.

Please send to:      Email: \_\_\_\_\_

-OR-

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE



**PERSONAL INFORMATION FOR BACKGROUND CHECK**

The information requested below is for background check purposes only. Please print clearly.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
State of Issuance Number

List all cities, counties, and states in which you were a resident, employed, or convicted\* during the past seven (7) years:

|       |      |        |                     |                   |
|-------|------|--------|---------------------|-------------------|
| State | City | County | From: _____<br>Year | To: _____<br>Year |
| State | City | County | From: _____<br>Year | To: _____<br>Year |
| State | City | County | From: _____<br>Year | To: _____<br>Year |
| State | City | County | From: _____<br>Year | To: _____<br>Year |
| State | City | County | From: _____<br>Year | To: _____<br>Year |
| State | City | County | From: _____<br>Year | To: _____<br>Year |

\*You need not disclose conviction information if it relates to convictions that you have confirmed are sealed, erased, or expunged by court order or are protected by state law from disclosure.

**California residents need not disclose misdemeanor convictions for which they have successfully completed probation or referral to any pre-trial or post-trial diversion program or marijuana-related convictions more than two years old, as referred to in California Labor Code §432.8.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE