



# Enterprise Resource Services Inc.

Assisting clients in streamlining & simplifying their business processes.

## APPLICANT'S CERTIFICATION AND AGREEMENT

**I HEREBY CERTIFY** that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application or in dismissal if discovered subsequent to my employment.

**I HEREBY AFFIRM** that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigation Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time of my application, may obtain a complete and accurate disclosures of the nature and scope of the investigation requested.

**I HEREBY AUTHORIZE** the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

**I HEREBY AFFIRM** that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

**I HEREBY AUTHORIZE** the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

**I UNDERSTAND** that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Chief Executive Officer of the Company has the authority to enter into any agreement for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

**I UNDERSTAND** that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)  
I do qualify under the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not qualify  
Handicapped  
Vietnam Era Veteran  
Disabled Veteran

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
DATE

*Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Enterprise Resource Services, Inc., is appreciated.*

13416 Hawthorne Bl., Hawthorne, CA 90250

Phone: 424-236-4795 ■ Fax: 866-791-3691 ■ [www.ERStaffing.com](http://www.ERStaffing.com)



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## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
AN EQUAL OPPORTUNITY EMPLOYER

### WHO REFERRED YOU TO ERS?

<input type="checkbox"/> CONTACTED BY ERS	<input type="checkbox"/> ERS WEBSITE	<input type="checkbox"/> FAMILY/FRIEND	<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> OTHER
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### DESIRED EMPLOYMENT/CLIENT ASSIGNMENT

JOB ORDER # & POSITION		DATE YOU CAN START	SALARY DESIRED	
EVER APPLIED TO THIS CLIENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LOCATION?		WHEN?
EVER WORKED FOR THIS CLIENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH LOCATION?		WHEN?
IF YES, NAME OF LAST SUPERVISOR IN THIS COMPANY			REASON FOR LEAVING	

### PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NO.		
ADDRESS		APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE		CELL PHONE	WORK PHONE

### EDUCATION

LEVEL	NAME OF SCHOOL	LOCATION OF SCHOOL	DATES/YEARS	DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
PROFESSIONAL				
OTHER				

### TRAINING/SKILLS

SPECIAL TRAINING
COMPUTER/OTHER SKILLS

### CURRENT EMPLOYER

ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
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LAST

FIRST

MIDDLE

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## EMPLOYMENT HISTORY

(BELOW PLEASE LIST YOUR EMPLOYMENT INFORMATION – COVERING AT LEAST 7 YEARS – STARTING WITH THE MOST RECENT EMPLOYER.... PLEASE USE BACK PAGE OR EXTRA SHEETS IF NECESSARY)

<b>EMPLOYER NAME</b> (If through Staffing Agency – please state Staffing Agency Information)			
ADDRESS		CITY	STATE    ZIP
START DATE (mm/dd/year)	END DATE (mm/dd/year)	JOB TITLE/POSITION	
STARTING HOURLY RATE	FINAL HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE		COMPANY TELEPHONE
DESCRIPTION OF WORK (You may use back page for additional space or you may attach resume and state – “resume attached”)			
REASON FOR LEAVING			

<b>EMPLOYER NAME</b> (If through Staffing Agency – please state Staffing Agency Information)			
ADDRESS		CITY	STATE    ZIP
START DATE (mm/dd/year)	END DATE (mm/dd/year)	JOB TITLE/POSITION	
STARTING HOURLY RATE	FINAL HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE		COMPANY TELEPHONE
DESCRIPTION OF WORK (You may use back page for additional space or you may attach resume and state – “resume attached”)			
REASON FOR LEAVING			

<b>EMPLOYER NAME</b> (If through Staffing Agency – please state Staffing Agency Information)			
ADDRESS		CITY	STATE    ZIP
START DATE (mm/dd/year)	END DATE (mm/dd/year)	JOB TITLE/POSITION	
STARTING HOURLY RATE	FINAL HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE		COMPANY TELEPHONE
DESCRIPTION OF WORK (You may use back page for additional space or you may attach resume and state – “resume attached”)			
REASON FOR LEAVING			

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## MILITARY/SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

## CRIMINAL RECORD

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

## REFERENCES

(BELOW, PLEASE GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

	NAME (First, Last)	CITY, STATE	RELATIONSHIP	YEARS ACQUAINTED	TELEPHONE NUMBER
1					
2					
3					

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## Tips for Completing the “APPLICATION FOR EMPLOYMENT” Form

Below are tips for filling out the Application for Employment form:

### ▪ DESIRED EMPLOYMENT/CLIENT ASSIGNMENT

**Job Order# & Position –** refers to the job order number and title/position provided to you by email when you first were informed of this job opening

### ▪ EDUCATION

**Name –** state the full name of the institution (e.g. Bernard Polytechnic High School NOT Bernard Poly High)

**Location –** City and State

**Dates/Years –** provide the year started and the year ended (e.g. 1997 – 2001), complete date if possible (01/02/1997 – 06/30/2001)

**Degree –** Diploma, B.A., B.S., M.S., Ph.D., Certificate  
If GED, please provide City, State where it was issued.

### ▪ TRAINING/SKILLS

List all software, hardware, programming, etc. skills. If licensed/certified, please provide the following: type, state, number.

### ▪ EMPLOYMENT HISTORY

**Employer Name –** state the full name of your actual employer – if you worked for a Staffing/Consulting firm, please provide their information (e.g. ERS Staffing assigned to ABC Aerospace, Inc.)

**Address –** state address of actual employer. If you cannot remember, please state at least the City, State.

**Job Title –** state your actual job title. If multiple over the years, please state the last job title you used.

**Telephone –** list phone number of employer. This is very important.

**Start and End Dates –** Need the dates to be as accurate as possible. If you cannot remember, provide an educated guess – providing for month/**DAY**/year. Add note if date is a guess/actual.

### ▪ REFERENCES

**Name –** state complete name (first, last)

**Contact Numbers –** list the reference’s contact number, even an alternate phone number if possible. If not available, please provide his/her email address.

**NOTE:** Please do not abbreviate any name, title, etc.



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## SUPPLEMENTAL DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

In connection with my suitability for employment with **Enterprise Resource Services, Inc. (ERS)**, I authorize **ERS** to request a consumer and/or investigative consumer report on me for employment purposes. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to **ERS, ERS Client** and **ERS Client's VMS/Tier 1**, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize **ERS** to share such information only with parties in interest who have a "need to know" such information to protect them and their employees.

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
DATE



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## PERSONNEL DATA QUESTIONNAIRE

Equal Opportunity Employer

Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

### PROFESSIONAL REFERENCES (Do not list relatives)

NAME	CITY	STATE	RELATION	TELEPHONE

### GENERAL INFORMATION

High School:  Yes  No Name on School Records: \_\_\_\_\_  
 Years: \_\_\_\_\_ (year started – year ended)  
 College:  Yes  No Years: \_\_\_\_\_ (year started – year ended)  
 Name: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 Special Courses: \_\_\_\_\_ Certification(s): \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY:

Name of Local Person: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### PAST EMPLOYMENT HISTORY:

Are you a former employee of ERS or any of its subsidiaries:  Yes  No  
 If yes, which office and subsidiary? \_\_\_\_\_  
 Have you been convicted of a felony within the past seven (7) years?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_ Disposition? \_\_\_\_\_  
 (If you answered "YES" to any of the above question, you may still be eligible to obtain an available temporary work assignment for which you are qualified.)  
 Have you ever been granted a GOVERNMENT Security Clearance?  Yes  No Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Level: \_\_\_\_\_

**SOME OF ERS's CUSTOMERS HAVE VARIOUS REQUIREMENTS. THESE MAY INCLUDE BACKGROUND INVESTIGATIONS (WHICH MAY, OR MAY NOT BE, BY AN OFFICIAL INVESTIGATIVE FIRM), SECURITY CLEARANCES AND/OR DRUG AND ALCOHOL SCREENING. IN ORDER THAT ERS MAY PLACE YOU IN A TEMPORARY WORK ASSIGNMENT THAT MEETS YOUR NEEDS AND QUALIFICATINS, PLEASE ANSWER THE FOLLOWING:**

- As a condition of temporary employment with several of our customers, it may be necessary to undergo a background investigation, the extent of which depends on the nature of the assignment(s). Do you agree to this investigation?  Yes  No
- Do you consent to be cleared for an assignment in a government security-cleared facility?  Yes  No
- As a condition of temporary employment with several of our customers, it may be necessary to undergo a Drug/Alcohol screening, the extent of which depends on the nature of the assignment(s). Do you consent to a Drug/Alcohol Screening?  Yes  No

**IF YOU ANSWERED "NO" TO ANY OR ALL OF THE ABOVE QUESTIONS, YOU MAY STILL BE ELIGIBLE TO OBTAIN ANS AVAILABLE TEMPORARY WORK ASSIGNMENT FOR WHICH YOU ARE QUALIFIED.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ERS REPRESENTATIVE:

### FOR ERS USE ONLY:

Resume on File?  Yes  No  
 Past employment history verified (including dates of employment, salary, history, job duties, supervisors and positions held).  Yes  No  
 Reference Information Supplied:  Yes  No

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