

Corporate Staffing Solutions, Inc.
Where Top Talented Professionals Choose to Work!

An Equal Opportunity Employer

EMPLOYMENT APPLICATION
Please Print

Personal Information

Name: _____
Last Name First Name Middle Name Suffix
(Jr, II, III)

Business Telephone: () _____ Home Telephone: () _____

Social Security No.: - - _____ E-Mail Address: _____

Current Address: _____
Street City State Zip Code

Permanent Address: _____
(if different from above) Street City State Zip Code

Employment Information

Position Applying for:

Are you applying for:

Regular full-time work? Yes No Other: _____
Regular part-time work? Yes No Other: _____
Temporary/Consulting work? Yes No Other: _____

What days and hours are you available for work?

If applying for temporary work, what is the hourly rate you are seeking? From \$_____ to \$_____

Are you available for work on the weekends? Yes No Other: _____
Would you be available to work overtime if necessary? Yes No Other: _____
Temporary/Consulting work? Yes No Other: _____

If hired, on what day can you start work?

Annual Salary Desired: From \$_____ to \$_____ per year.

Personal Information

Have you ever applied to or worked for Corporate Staffing Solutions Inc. before? Yes No

If yes, when?

Do you have any friends or relatives working for Corporate Staffing Solutions, Inc Yes No

If yes, please give their name and their relationship to you:

Why are you applying for work at Corporate Staffing Solutions, Inc.?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your US Citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job you are applying for? Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).

Are you able to perform all other duties of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed:

(Note: Hire may be subject to passing a medical examination and to skill and agility tests)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training, and Experience

School	Name and Address	# of years completed	Did you graduate?	Degree Awarded
High School				
College/ University				
Vocational Business				
Health Care				

Do you speak, write or understand any foreign languages?

Yes No

If yes, which language(s)?

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work with Corporate Staffing Solutions, Inc.? If so, please explain:

If applying for a California workers' compensation claims examiner position:

Have you passed the California State Self Insurance Examination (SIP)?

Yes

No

Do you have at least five (5) years within the past eight (8) years of on-the-job experience adjusting California workers' compensation indemnity claims or supervising claims adjusters handling California workers' compensation indemnity claims?

Yes

No

Have you been designated as an experienced claims adjuster by an insurer?

Yes

No

If applying for a California medical-only workers' compensation claims examiner position:

Do you have at least three (3) years within the past five (5) years of on-the-job experience adjusting California workers' compensation medical-only claims?

Yes

No

Have you been designated as an experienced medical-only claims adjuster by an insurer?

Yes

No

Answer the following questions if you are applying for a professional position:

If so, name of license/certification:

Issuing State:

License/Certification Number:

Has your license/certification ever been revoked or suspended?

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

Please read carefully, initial each paragraph and sign below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be ground for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letter, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other person, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicants Signature: _____

Date: _____

Equal Employment Opportunity Data

Application Date: _____

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: **Male** **Female**

Race/Ethnicity: _____ American Indian/Alaskan Native
 _____ Asian/Pacific Islander
 _____ Black
 _____ Hispanic
 _____ White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

 _____ Vietnam Era Veteran
 _____ Disabled Veteran
 _____ Individual with a Disability

To be completed by employer:

EEO-I Category: _____ 1. Officials and Managers
 _____ 2. Professionals
 _____ 3. Technicians
 _____ 4. Sales
 _____ 5. Office and Clerical
 _____ 6. Crafts – skilled
 _____ 7. Operatives – semi skilled
 _____ 8. Laborers - unskilled
 _____ 9. Service workers

Employer information completed by:

Name: _____

Date: _____

Referral Form

We are always seeking quality referrals from those we work with. Your input is incredibly valuable and appreciated as we find claims professionals exciting job opportunities in today's ever-changing market. Thank you!

Name: _____

Address: _____
Street City State Zip Code

Current Employer: _____ **Location:** _____

Job Title: _____

Telephone Number: () _____ **Mobile Number:** () _____

E-mail Address: _____

Name: _____

Address: _____
Street City State Zip Code

Current Employer: _____ **Location:** _____

Job Title: _____

Telephone Number: () _____ **Mobile Number:** () _____

E-mail Address: _____

Name: _____

Address: _____
Street City State Zip Code

Current Employer: _____ **Location:** _____

Job Title: _____

Telephone Number: () _____ **Mobile Number:** () _____

E-mail Address: _____