



www.goodtempismi.com

271 E. Apple Ave.  
Muskegon, MI 49442  
**phone** 231 739-9010  
**fax** 231 830-0005

393 E. Lakewood Blvd.  
Holland, MI 49424  
**phone** 616 796-8830  
**fax** 616 796-8832

## GOODTEMPS APPLICATION PROCESS

Thank you for applying for temporary and temporary-to-hire employment with GoodTemps Temporary Staffing Services.

Due to the very high volume of applications for employment through our organization, we are interviewing by appointment only. After submitting your application and accompanying paperwork, our personnel will be checking your information to make sure it is complete and accurate. In addition, we will be performing a background check and contacting your job references. All this takes time and is dependent on the current volume of applicants. Please be patient.

We prioritize our interviews based on when the application comes in and if the applicant has a skill set that is currently in demand.

Please be aware it is likely you will need to submit to taking a drug screen test prior to employment based on company's policies for GoodTemps clients.

***Please do not phone us unless you have not heard from us within one month.***

Again, thank you for applying and your interest in working for GoodTemps.



Application for Employment

GTF-1000
Revision 8, 10/25/11

We are an Equal Opportunity Employer. Applicant resumes are accepted without regard to race, religion, color, sex, age, national origin, veteran status or disability and in accordance with state and federal laws.

PERSONAL INFORMATION

Name: LAST FIRST MIDDLE

Present address: STREET CITY STATE ZIP

Phone: Are you 18 years or older? Yes No

Licensed Driver? Yes No If yes, Drivers License Number:

Describe any U.S. Military service: (Branch, Rank, Nature and Date of Discharge)

Are you presently in the United States armed forces, active or reserve? If so, identify unit and any service obligations:

Have you ever been convicted of a misdemeanor or felony? Yes No

Are you presently charged with a misdemeanor or felony? Yes No

Were you ever denied bond? Yes No If yes, please explain:

Do you have limitations that make you unable to perform job tasks? Yes No If yes, please explain:

Is there some type of accommodation that would enable you to perform the functions of a job? Yes No

If yes, please explain:

EMPLOYMENT DESIRED

Position: Date you can start: Salary desired:

Are you employed now? If so, may we inquire of your present employer? Yes No

How did you hear of GoodTemps/Who referred you to GoodTemps?

Have you ever applied to this company before? Yes No

Where? When?

Have you ever worked for this company before? Yes No

Where? When?

Are you eligible to work in the U.S. and able to provide proof? Yes No

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full time, including overtime, in the position for which you are applying? If so, explain:



**EMPLOYMENT EXPERIENCE**

In the space below, give a record of each period of employment and/or unemployment. Start with your current or most recent employment and work backwards to the first. Give the name used on the payroll if other than the name given on this application. Use additional sheets if necessary.

Employer/Company: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer/Company: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer/Company: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Explain any gaps in the last ten years of your employment history: \_\_\_\_\_

Which of your jobs did you like best? \_\_\_\_\_

Why? \_\_\_\_\_

What special skills or knowledge do you have that will aid you in qualifying for employment?



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**EDUCATION**

Do you have a high school diploma or equivalent?  Yes  No

Name and location of school: \_\_\_\_\_

College: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Did you graduate?  Yes  No

Subjects studied: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Did you graduate?  Yes  No

Subjects of special study or research work: \_\_\_\_\_

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**REFERENCES**

Give the names of three persons, not related to you, whom you have known at least one year.

Name: \_\_\_\_\_

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

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

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

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

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

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

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**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_



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**READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT**

By signing my name below, I understand the GoodTemps Temporary Staffing is an at-will employer and nothing contained in this application or in the interview process is intended to create an employment contract between GoodTemps Temporary Staffing and me. Should this application result in my employment, I have the right to terminate my employment at any time and for any reason and GoodTemps Temporary Staffing retains a similar right. I further understand that no representative of GoodTemps Temporary Staffing other than the President has any authority to enter into any agreement with me for any specified period of time or to guarantee some other personnel move or benefit. I further understand that this entire statement applies to the period prior to and after I may be employed.

Additionally, by signing my name I certify that all information provided by me is correct to the best of my knowledge. I understand that omissions and misrepresentations may result in the rejection of my application or, if hired, result in termination.

I agree that the contents of any office, locker or desk or equipment or other GoodTemps Staffing property I may use, and any of my own property I bring onto GoodTemps Temporary Staffing's premises (including, without limitation, cars, packages, and purses), may be inspected by GoodTemps Temporary Staffing at any time, and I waive any claims against GoodTemps Temporary Staffing or its agents relating to such inspection.

I agree that I will not disclose to anyone or sue for my purposes any of GoodTemps Temporary Staffing's confidential or proprietary information, either during or after my employment, except at the request and for the benefit of GoodTemps Temporary Staffing. I agree that information about GoodTemps Temporary Staffing's customers, vendors, sources of supply, pricing, costs and other financial information, products, services, methods of operation, marketing, engineering methods, production, and the like is confidential and proprietary information that belongs to GoodTemps Temporary Staffing. If my employment with GoodTemps Temporary Staffing ends, I will not retain any copies or summaries of any such information but will promptly return all such information to GoodTemps Temporary Staffing. I also agree that I will disclose and assign to GoodTemps Temporary Staffing any invention, design or process that I conceive or develop while employed by GoodTemps Temporary Staffing relating to GoodTemps Temporary Staffing's business or any product or service offered or being developed by GoodTemps Temporary Staffing, and that all such inventions, designs or processes belong to GoodTemps Temporary Staffing.

I agree to submit to physical examinations and medical tests (including blood, urine or other testing) permitted by law before and during my employment, at the request and expense of GoodTemps Temporary Staffing or its agents or any testing agency retained by GoodTemps Temporary Staffing or its agents relating to any such testing, or from lawful if decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that I will not commence any action or lawsuit relating to my employment with GoodTemps Temporary Staffing, or the termination of my employment, more than 12 months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within 12 months after my employment ends will be barred.

I agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity will not affect the validity of the rest of this agreement, and such term shall be limited to allow its enforcement as far legally possible. I agree that no other than the President of GoodTemps Temporary Staffing, by a written directive, has any authority to modify the above terms of employment, or to make any exception to them, or to offer employment on any other terms.

I agree that I will be bound by and will adhere to any other rules and policies issued by GoodTemps Temporary Staffing, including all rules and policies contained in GoodTemps Staffing's employee handbook.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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**EMPLOYMENT EXPERIENCE (continued)**

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Employer/Company: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ A Supervisor's Name: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer/Company: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer/Company: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Last Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



# Information Release Form

GTF-1001  
Revision 1, 5/16/11

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Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

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### MEDICAL RELEASE

I authorize GoodTemps to obtain any relevant records concerning on-the-job accidents or occupational diseases involving GoodTemps and myself. A facsimile or Photostatted copy of this document is considered a valid original. This document will remain active until rescinded by me in writing.

Initial:

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### CRIMINAL RECORD RELEASE

I authorize GoodTemps to request and examine any and all criminal records are arrests on file in any county within or outside the State of Michigan. By authorizing this, I am fully aware that this waives my right to confidentiality regarding my criminal history.

Initial:

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### SUBSTANCE ABUSE POLICY

**POLICY:** It is the position of GoodTemps to establish a substance abuse policy to maintain a safe, healthy productive work environment for its employees.

**DEFINITIONS:** Substance abuse is the possession, use or sale of alcohol or illegal drugs by an employee while at work on GoodTemps or assigned company's property. An employee under the influence of drugs or alcohol on the job can be a serious safety risk to themselves, to other employees and, in some instances, to the general public. The possession, use or sale of an illicit drug or alcohol in the work place is unacceptable. Refusal to submit to medical examination/drug test at GoodTemps expense when such examination is deemed necessary by law or to protect the health of the employee, or of other employees, or to prevent accidents is in violation of this policy. Violation of this policy will result in disciplinary action to and including termination of employment. All employees of GoodTemps shall abide by the terms of this Policy Statement.

Initial:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST
FIRST
MIDDLE

Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

## SKILLS / EXPERIENCE

Please check all the areas below in which you have experience.

- |                                      |  |
|--------------------------------------|--|
| Beginner<br>Intermediate<br>Advanced | <b>GENERAL</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Assembly<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bindery Work<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cashier<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CDL -A<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CDL -B<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CENA<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chauffeur<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child Care<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cook<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Counseling<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dishwasher<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fiberglass<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrician<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food Handler<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Foreman/Line Leader<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Forklift Driver<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Home Health Care<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Housekeeping<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inventory<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Janitorial<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landscaping<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lifeguard<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Maintenance<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Management<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Material Handler<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Order Picking<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Packing<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Program Leader<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Quality Inspection<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Quality Technician<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreation Aide<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retail<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Server<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stocking<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warehouse<br>Other:<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> _____ |
|--------------------------------------|--|

- |                                      |   |
|--------------------------------------|---|
| Beginner<br>Intermediate<br>Advanced | <b>MACHINE</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CNC Machine Operator<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CNC Machine Programmer:<br>How/where did you learn this skill? _____<br>_____<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Injection Molding<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Machine Set-up<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Millwright<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pattern Making<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Press Operator<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Robotics<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sheet Metal Fab<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tool and Die<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Woodworking<br><br><b>FOUNDRY</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grinding<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pouring<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shakeout<br><br><b>AUTOMOTIVE</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto Mechanic<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto Body Work<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Buffing<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Polishing<br>Other:<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ |
|--------------------------------------|---|

- |                                      |   |
|--------------------------------------|---|
| Beginner<br>Intermediate<br>Advanced | <b>BENCH WORK</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arc Welding<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Commercial Painting<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electronic Assembly<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Industrial Painting<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Int./Exterior Painting<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mig Welding<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Powder Coat Painting<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Residential Painting<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wet Painting<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shipping/Receiving<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soldering<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stick Welding<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tig Welding<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiring<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sanding<br>Other:<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ |
|--------------------------------------|---|

**OVER:** Please complete the back side as well. ➡



**SKILLS / EXPERIENCE (CONTINUED)**

Please check all the areas below in which you have experience.

Beginner Intermediate Advanced	<p><b>OFFICE</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accounting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accounts Payable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Administrative Secretary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bilingual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Billing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bookkeeping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Computer Programmer / I.T. Tech <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Convention/Events Bureau <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Customer Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Data Entry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Filing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Human Services/Nonprofit/Case Management <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Legal Records/Terminology <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lotus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mailing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Assistant <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Billing/Coding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Terminology <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multi-lines Phone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nutritionist/Dietary Assistant <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overall Computer Skills <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payroll <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Typing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
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Beginner Intermediate Advanced	<p><b>SOFTWARE</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adobe InDesign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adobe Photoshop <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Great Plains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Macintosh OS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Macintosh programs: _____ _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Access <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Internet Explorer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Pro <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Windows 1995 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Windows 2000 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Windows 2003 or Vista <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Windows XP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Windows 2007 or 2010 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microsoft Word <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> QuickBooks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Quicken <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ebay/Online Buying and Selling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Photo Editing and Uploading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Website Design and Maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Using LinkedIn or Facebook for Business Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other programs: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
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Beginner Intermediate Advanced	<p><b>OTHER</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blueprint Reading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Calipers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> First Aid/CPR Certified: Expiration Date: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gauges <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Micrometers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
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Additional skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





# Handbook Sign Off Sheet

GTF-1008  
Revision 7, 5/16/11

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

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## GOODTEMPS HANDBOOK

■ I have read and understand **GoodTemps Time Reporting/About Your Pay/Pay Checks**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

■ I have read and understand **GoodTemps Safety Policy**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

■ I have read and understand **GoodTemps Code of Conduct Policy**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

■ I have read and understand **GoodTemps Harassment-Free Workplace**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EEO Information

GTF-1007  
Revision 7, 5/16/11

Good Temps Temporary Staffing Services is an equal opportunity employer. Good Temps does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, veteran status, or any other legally protected status.

Good Temps asks its employees to complete this EEO information sheet to assist Good Temps in monitoring compliance with equal employment obligations under federal, state, and local laws, and for other lawful purposes. Any information you provide on this form will be kept strictly confidential and will be maintained only at our corporate office. Any information provided will not be used in connection with the assignment referral process or any employment decision.

While Good Temps asks that you provide the information requested below, completion of this form is voluntary. Your decision to provide or not provide the requested information will not affect your employment with Good Temps.

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### EEO INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

Sex:  Male  
 Female

Race:  Asian  
 Black/African American  
 Hispanic/Latino  
 Native American/Alaskan  
 Native Hawaiian or other Pacific Islander  
 White  
 Two or more races

**LISTS OF ACCEPTABLE DOCUMENTS FOR EMPLOYMENT ELIGIBILITY VERIFICATION**

Please bring the documents to the interview. All documents must be unexpired.

**ONE document from LIST A  
Documents that Establish  
Both Identity and Employment  
Authorization**

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary i-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. In the case of a non-immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6. Passport from the Federated States of Micronesia (FSM) or the Republic of Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**OR**

**ONE document from LIST B  
Documents that Establish  
Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
  3. School ID card with a photograph
  4. Voter's registration card
  5. U.S. Military card or draft record
  6. Military dependent's ID card
  7. U.S. Coast Guard Merchant Mariner Card
  8. Native American tribal document
  9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
  11. Clinic, doctor, or hospital record
  12. Day-care or nursery school record

**AND**

**ONE document from LIST C  
Documents that Establish  
Employment Authorization**

1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form FS-545)
4. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security



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Due to a continued issue with absences, GoodTemps has enacted the following policy and procedure effective immediately. **Please sign the highlighted areas and return the form to a GoodTemps representative at the GoodTemps office immediately.**

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**THE FOLLOWING ATTENDANCE POLICY PERTAINS TO ALL GOODTEMPS EMPLOYEES:**

**For the first absence**, the employee will receive a phone call from GoodTemps regarding the absence and coaching if necessary.

**In the case of a second absence**, the employee will be contacted by GoodTemps to schedule an appointment to sign an attendance contract. The attendance contract informs the employee that any additional absences or tardiness may result in termination.

Disclaimer: Please note it may only be one chance and not two or absences. This is subject to the clients and company practice and other reasons. If client requests termination, GoodTemps will comply with them regardless of our policies.

**Any additional absences will likely result in termination.**

Please note that although documentation of an absence may clarify the nature of the absence, **there are no excused absences.**

In the case of an emergency situation or very special circumstance, please bring documentation to GoodTemps as soon as possible and it may be taken into consideration. It is under GoodTemps discretion how to proceed with the absence.

Planned absences such as doctor's appointments or court dates should be scheduled outside of working hours. In the rare case when it is not possible to do so, advance notice (a minimum of one week before the absence will occur) and proper documentation must be provided to GoodTemps, and permission for the absence may be given. In these situations the employee must work prior to the appointment and return to work after the appointment when possible, so that the full work day is not missed.

By signing below, you have acknowledged that you have read and understand the above attendance policy and agree to its terms.

Employee Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**GOODTEMPS COPY: Please sign and return to the GoodTemps office.**

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If you have any questions regarding this attendance policy please contact Carla Shindak by phone at (231) 739-9010 ext. 420 or email [cshindak@goodtempismi.com](mailto:cshindak@goodtempismi.com)

Thank you.