

MUSKEGON OFFICE

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

HOLLAND OFFICE

Holland Town Center 12330 James Street Suite H115 Holland, MI 49424 **phone** 616 796-8830 **fax** 231 830-0005

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.

If after 30 days, you have not received a call back from a GoodTemps representative this could be a result of one of the following:

- You may lack skills and/or work experience.
- 2. We found false information on your application.
- GoodTemps has made at least two attempts to contact you for information or to schedule an interview, but was unable to contact you.
- 4. You did not return our calls in a timely manner.

GoodTemps Staffing Services reserves the right to determine qualifications of applicants based on information provided to us in writing.

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



Application for Employment

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:		
Present address:	FIRST	MIDDLE
STREET	CITY	STATE ZIP
Phone:	Are you 18 years or old	er? □ Yes □ No
Licensed Driver? $\ \square$ Yes $\ \square$ No If yes, Dr	ivers License Number:	
Describe any U.S. Military service: (Branch	, Rank, Nature and Date of Discharge)	
Are you presently in the United States arme	ed forces, active or reserve? If so, identify	unit and any service obligations:
Have you ever been convicted of a misdem	neanor or felony? ☐ Yes ☐ No	
Are you presently charged with a misdemen	anor or felony? ☐ Yes ☐ No	
Were you ever denied bond? \square Yes \square N	o If yes, please explain:	
Do you have limitations that make you unal	ble 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 yo	our present employer? Yes No
How did you hear of GoodTemps/Who refe	rred you to GoodTemps?	
Have you ever applied to this company before	ore? □ Yes □ No	
Where?		When?
Have you ever worked for this company be	fore? □ Yes □ No	
Where?		When?
Are you eligible to work in the U.S. and able	e to provide proof? ☐ Yes ☐ No	
Do you have any activities, commitments o	r responsiblillities (for example, school, oth	ner 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:



Application for Employment

G1F-1000 Revision 8, 10/25/11

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:			
Position:			
Start Date:	Supervisor's Name:		
Ending Date:	Last Pay Rate: \$	per	
Description of Duties:			
Reason for leaving:			
Location:		Phone:	
Position:			
Start Date:	Supervisor's Name:		
Ending Date:	Last Pay Rate: \$	per	
Description of Duties:			
Reason for leaving:			
Employer/Company:			
Start Date:			
Ending Date:		per	
Description of Duties:			
Reason for leaving:			
Explain any gaps in the last ter	n 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?



Application for Employment GTF-1000 Revision 8, 10/25/11

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? $\ \square$ Yes $\ \square$ No	
Subjects of special study or research work:	
REFERENCES	
Give the names of three persons, not related to you, whom you have	known at least one year.
Name:	
Address:	
Business:	
Phone:Y	
Name:	
Address:	
Business:	
Phone:Y	
Name:	
Address:	
Business:	
Phone:Y	
IN CASE OF EMERGENCY NOTIFY:	
Name:	
Address:	
Phone:	



Application for Employment

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READ CAREFULLY AND SIGN BELOW IF YOU AGAREE 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 or 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 that 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:	D	ate:
Signature of Applicant.	Diameter Control of the Control of t	ale.



Application for Employment GTF-1000 Revision 8, 10/25/11

EMPLOYMENT EXPERIENCE (continued)				
Employer/Company:				
Location:				
Position:				
Start Date:Á				
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:				
Position:				
Start Date:	Supervisor's Name:			
Ending Date:	Last Pay Rate: \$	per		
Description of Duties:				
Reason for leaving:				



Information Release Form

G1F-1001 Revision 1, 5/16/11

Name:		
LAST	FIRST	MIDDLE
Birthdate:	Date:	
MEDICAL RELEASE I authorize GoodTemps to obtain any relevate GoodTemps and myself. A facsimile or Photowill remain active until rescinded by me in which is a supplied to the control of t	tostatted copy of this document is consid	
CRIMINAL RECORD RELEASE I authorize GoodTemps to request and exar outside the State of Michigan. By authorizin criminal history. Initial:		
SUBSTANCE ABUSE POLICY		
POLICY: It is the position of GoodTemps to work environment for its employees.	establish a substance abuse policy to m	aintain a safe, healthy productive
DEFINITIONS: Substance abuse is the poson GoodTemps or assigned company's properious safety risk to themselves, to other error sale of an illicit drug or alcohol in the wor GoodTemps expense when such examination other employees, or to prevent accidents is to and including termination of employment Statement.	perty. An employee under the influence of employees and, in some instances, to the k place is unacceptable. Refusal to subn on is deemed necessary by law or to pro in violation of this policy. Violation of this	of drugs or alcohol on the job can be a general public. The possession, use nit to medical examination/drug test at tect the health of the employee, or of a policy will result in disciplinary action
Initial:		
Signature:	Dat	e:

Skills Sheet



GTF-1002 Revision 8/16

Name:	LAST		FIRST	 MIDDLE
Birthda	te:		Date:	
SKILLS	S / EXPERIENCE			
Please	check all the areas below in whi	ch you ha	ave experience.	
Please Bediuner B	GENERAL Assembly Bindery Work Cashier CDL -A CDL -B CENA Chauffeur Child Care Cook Construction Counseling Dishwasher Fiberglass Electrician Food Handler Foreman/Line Leader Forklift Driver Home Health Care Housekeeping Inventory Janitorial Landscaping Lifeguard Maintenance Management Material Handler Order Picking Packing Program Leader Quality Inspection Quality Technician Recreation Aide Retail		MACHINE CNC Machine Operator CNC Machine Programmer: How/where did you learn this skill? Injection Molding Machine Set-up Millwright Pattern Making Press Operator Robotics Sheet Metal Fab Tool and Die Woodworking FOUNDRY Grinding Pouring Shakeout AUTOMOTIVE Auto Mechanic Auto Body Work Buffing Polishing Other:	Electronic Assembly Industrial Painting Int./Exterior Painting Mig Welding Powder Coat Painting Residential Painting
	Other:			

OVER: Please complete the back side as well.







SKILLS / EXPERIENCE (CONTINUED)

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

	I.T. Tech Convention/Events Bureau Customer Service Data Entry EMT Filing	SOFTWARE Adobe InDesign Adobe Photoshop Great Plains Macintosh OS Macintosh programs: Microsoft Access Microsoft Excel Microsoft Outlook Microsoft PowerPoint Microsoft Pro Microsoft Windows 1995 Microsoft Windows 2000 Microsoft Windows 2000 Microsoft Windows 2003 or Vista Microsoft Windows XP Microsoft Windows 2007 or 2010 Microsoft Windows 2007 or 2010 Microsoft Word QuickBooks Quicken Ebay/Online Buying and Selling Photo Editing and Uploading Website Design and Maintenance Using LinkedIn or Facebook for Business Use Other programs:		OTHER Blueprint Reading Calipers First Aid/CPR Certified: Expiration Date: Gauges Micrometers Other:
Addition	nal skills:			



Emergency Medical Information

GTF-1003 Revision 1, 5/16/11

Name:LAST	FIRST	MIDDLE
Birthdate:	Date:	
EMERGENCY MEDICAL INFORMATION		
Emergency Contact Name:	Pho	ne:
Doctor's Name:	Pho	ne:

SPECIAL MEDICAL NEEDS

This information is voluntary on your part. Please list any allergies, special medications, etc. This information will be used only to notify emergency medical providers or physician in case of your inability to communicate:



Handbook Sign Off Sheet

GTF-1008 Revision 7, 5/16/11

Name:	LAST	FIRST	MIDDLE
GOODTEMPS HA	ANDBOOK		
■ I have read and	d understand GoodTemp s	s Time Reporting/About Your Pay/Pa	y Checks
Signature:		Da	ate:
■ I have read and	d understand GoodTemp s	s Safety Policy	
Signature:		Da	ate:
■ I have read and	d understand GoodTemp s	s Code of Conduct Policy	
Signature:		Da	ate:
■ I have read and	d understand GoodTemp s	s Harassment-Free Workplace	
Signature:		Da	ate:





GTF-1007 Revision 7, 5/16/11

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

GoodTemps asks its employees to complete this EEO information sheet to assist GoodTemps 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 GoodTemps 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 GoodTemps.

EEO INF	FORMATION		
Name: _	LAST		
	LAST	FIRST	MIDDLE
Birthdate	e:	Date:	
Sex:	□ Male		
	□ Female		
Race:	□ Asian		
	☐ Black/African American		
	☐ Hispanic/Latino		
	☐ Native American/Alaskan		
	\square Native Hawaiian or other Pacific Islander		
	□ White		
	☐ Two or more races		



GTF-1005 Revision 0, 5/16/11



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

- U.S. Passport or U.S. Passport Card
- 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
- 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
- Passport from the Federated States of Micronesia (FSM) or the Republic of Marshall Islands (RMI) with Form 1-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI



ONE document from LIST B Documents that Establish Identity

- 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
- 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
- U.S. Coast Guard Merchant Mariner Card
- 8. Native American tribal document
- 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

- 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)
- Certification of Report of Birth issued by the Department of State (Form FS-545)
- 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
- Native American tribal document
- 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

GoodTemps Attendance Policy



Revision 8/16

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.

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 <u>emergency situation</u> or <u>very special circumstance</u>, 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.

<u>Planned absences</u> 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:

GoodTemps Attendance Policy



Revision 8/17

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If you have any questions regarding this attendance policy contact a GoodTemps Staffing Specialist at 231-739-9010. You can also send us a message from the Contact page of our website at www.goodtempsmi.com.

Thank you.