



Date:

238 Belleville Ave.
Belleville, New Jersey 07109

JOB APPLICATION

BICOM Staffing INC, is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accomodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Nº De Social:

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email: _____

Employment Position

Position(s) applying for: _____

What date can you start working if you are hired? _____

Shift preferred?

First

Second

Third

INFORMACIÓN PERSONAL:

Are you a U.S. citizen or approved to work in the United States?

Yes No

Are you currently employed?

Yes No

If you are can we contact your current employee for a reference?

Yes No

Are you at least 18 years of age?

Yes No

Have you ever been convicted or a felony?

Yes No

Job Skills/Qualifications:

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: BICOM Staffing complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree earned

College/University

Name	Location (City, State)	Year Graduated	Degree earned

Vocational school/Specialized Training

Name	Location (City, State)	Year Graduated	Degree earned

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Employer Telephone:

Dates Employed:

Reason for Leaving:

AT-WILL EMPLOYMENT

The relationship between you and BICOM Staffing INC, is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or BICOM Staffing INC. No representative of BICOM Staffing INC, has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will", and that you acknowledge that no oral or written statements or representatives regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Upper Management. If/when assignment is fulfilled, candidate must contact BICOM Staffing INC, for placement at other client's site.

Applicant Signature: _____

Date: _____



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AUTHORIZATION FOR BACKGROUND CHECK

Applicant: _____
Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Social Security number: _____

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I hereby authorize BICOM Staffing INC, to investigate my background and qualifications for purpose of confirming the information contained on my application and evaluating whether I am qualified for the position for which I am applying. I understand that the information obtained as a result of this check may be used by BICOM Staffing INC, in determining my suitability to become an employee. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant Signature: _____ Date: _____



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DRUG TESTING CONSENT

I have applied for employment with BICOM Staffing INC, in a position that requires me to operate machinery. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by BICOM Staffing, for a job position.

I hereby authorize BICOM Staffing INC, to retain for screening purposes to obtain test results, and I release BICOM Staffing INC, and any person affiliated with BICOM Staffing INC, and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: _____

Applicant's name: _____

Date: _____



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ANTI-THEFT POLICY

BICOM Staffing INC, will not tolerate property theft of any type. Materials may not be removed from company premises without approval. We consider property theft to include the taking of any company property for personal use.

Because of our desire to prevent and detect theft at any of our work sites, your terms and conditions of employment may include routine searches of the workplace, and electronic surveillance.

Stealing is grounds for immediate termination and may cause the company to bring criminal charges against you. We will report theft to the local police department, which should conduct a criminal investigation, and possibly bring civil charges against guilty employees.

Applicant's signature: _____

Applicant's name: _____

Date: _____



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THE FAMILY AND MEDICAL LEAVE ACT

ELIGIBLE EMPLOYEES:

Only eligible employees are entitled to take FMLA leave. An eligible employee is one who:

- Works for a covered employer;
- Has worked for the employer for at least 12 months;
- Has at least 1,250 hours of service for the employer during the 12 month period immediately preceding the leave; and works at a location where the employer has at least 50 employees within 75 miles.

The 12 months of employment do not have to be consecutive. That means any time previously worked for the same employer (including seasonal work) could, in most cases, be used to meet the 12-month requirement. If the employee has a break in service that lasted seven years or more, the time worked prior to the break will not count unless the break is due to service covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), or there is a written agreement, including a collective bargaining agreement, outlining the employer's intention to rehire the employee after the break in service. See "FMLA Special Rules for Returning Reservists".

LEAVE ENTITLEMENT

Eligible employees may take up to 12 workweeks of leave in a 12-month period for one or more of the following reasons:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

An eligible employee may also take up to 26 workweeks of leave during a "single 12-month period" to care for a covered service member with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the service member. The "single 12 month period" for military caregiver leave is different from the 12- month period used for other FMLA leave reasons. See Fact Sheets 28F: Qualifying Reasons under the FMLA and 28M: The Military Leave Provisions under the FMLA.

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer's approval.



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TRANSPORTATION REPAYMENT AGREEMENT

I acknowledge that, as an employee of BICOM Staffing INC, I will be using the services of a driver to transport me to and from my assigned worksite. This is an optional service provided and I am responsible for the payment of this service.

The amount is \$9 per day, for each day I use the services of the driver.

Accordingly, I hereby

- Authorize BICOM Staffing INC, to deduct from my weekly gross wages the amount to be paid to utilize the services. The amount will not exceed \$56 per week.
- Acknowledge that if my employment with BICOM Staffing INC, shall cease for any reason prior to full payment of the service, a deduction will be taken from my final weekly gross wages
- This authorization is valid from the period extending from the date I sign this authorization, through the duration of my employment with BICOM Staffing INC, for every time I utilize the services provided by the driver to be transported to and from my worksite

I have read, understood and voluntarily signed this agreement and agree to the terms and conditions of this repayment agreement.

Employee Name (print)

Employee Signature

Date

On Behalf of BICOM Staffing INC

Date