

MPS GROUP, INC.

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Best Time to Call	
Drivers License #		Issuing State			
If CDL, specify type?		Expiration Date			
Professional License #		Type		Expiration Date	
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you been convicted of a felony within the last 7 years?	YES	NO	If yes, explain		
A conviction will not necessarily disqualify an applicant from employment.					
Are you 18 years of age or older?	YES	NO			
Do you have reliable means of transportation to enable you to get to work in a timely manner?	YES	NO			

Position Applied For:

Salary Required		Date Available			
Are you willing to travel if required?	YES	NO	Are you willing to work overtime if required?	YES	NO
Do you currently have a non-compete agreement with another employer?	YES	NO	If yes, please explain restrictions and expiration date?		
Have you previously applied/worked for MPS?	YES	NO	If yes, when and position applied for/held?		
I have been provided with a copy of the job description or informed about the specific functions of the job for which I have applied. YES NO					
If the answer to the above question is yes, are you able to perform these tasks with or without accommodation? (check one)					
YES		NO	YES, with accommodation(s)		
If you checked "yes with accommodations", how would you perform the task and with what accommodation?					

EDUCATION

High School		Location				
Did you graduate?		YES	NO			
College		Location				
From	To	Did you graduate?	YES	NO	Degree	If no, credits earned:
Grade Point		Type of Degree				
Other		Location				
From	To	Did you graduate?	YES	NO	Degree	If no, credits earned:
Did you work during your education program?		Are you currently continuing your education?			If yes, how?	
YES NO		YES NO			Average hours per week?	

REFERENCES

Please list three professional references. (If you are a student, list two professors.)

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT (LIST THE THREE MOST RECENT POSITIONS HELD)

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES NO		

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
MILITARY SERVICE			
Branch		From	To
Rank at Induction		Rank at Separation	

ACTIVITIES AND ACHIEVEMENTS (You may exclude those which indicate race, color, religion, sex, marital status, age or national origin, handicapped or veteran status)	
Honors (Include societies and scholarships)	Publications
Professional and Technical Associations	Patents

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment, education or experience.

HANDICAPPER RIGHTS

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters of the restructuring or altering of work schedules. Michigan law requires that you notify the Company in writing of your need of accommodation within 182 days after you become aware or should reasonably have know that the accommodation was needed.

APPLICANT'S STATEMENT AND SIGNATURE

I certify that facts set forth in this application are true and complete. I understand any misstatement or omission of material fact may result in refusal of employment or immediate dismissal, irrespective of how long I have been employed by MPS Group, Inc. or any of its subsidiaries or affiliates.

I hereby authorize investigation of all statements contained in this application and full disclosure of my work record, criminal record and credit history. I understand that this may include a record of disciplinary action assessed by MPS Group, Inc. or any of its subsidiaries and affiliates or previous employers and hereby waive any claims against MPS Group, Inc., its subsidiaries or affiliates or any prior employer from any obligation to provide me with written notification of such disclosure.

I understand that my employment or continued employment with MPS Group, Inc., or any of its subsidiaries and affiliates is contingent upon satisfactory completion of a drug test as required by MPS Group, Inc. or any of its subsidiaries and affiliates. I consent to any future health monitoring physicals that may be required by MPS Group, Inc. or any of its subsidiaries or affiliates.

In the event I am employed by MPS Group, Inc. or any of its subsidiaries or affiliates, I agree to comply with all rules, regulations and policies set forth by the Company.

I understand that if I am employed by MPS Group, Inc. or any of its subsidiaries or affiliates, my employment will be at will and may be terminated at any time by me or the Company, with or without cause or notice. I understand no person is authorized to make a commitment otherwise on behalf of MPS Group, Inc or any of its subsidiaries or affiliates and no promise otherwise has been made to me.

I have read, understand and agree to the above statements and conditions of employment.

Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

MPS Group, Inc or any of its subsidiaries and affiliates ("The Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by MPS Group, Inc or any of its subsidiaries and affiliates by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by MPS Group or any of its subsidiaries and affiliates, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p>New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/> <input type="checkbox"/></p>
<p>California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/> <input type="checkbox"/></p>

Print Name: _____

Signature: _____

Date _____



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CONSULTING & INVESTIGATIONS

PLEASE PRINT CLEARLY

* By signing this document, I certify that the information I provide herein is true, accurate, and complete.

Signature _____ Date _____ Name Printed _____

*Social Security Number _____ *Date of Birth _____

Other Names Used and/or Maiden Name _____ *Sex _____

Current Address _____ How Long Have You Lived at Current Address _____

City, State, Zip _____ County _____

Previous Address _____ How Long Did You Live at Previous Address _____

City, State, Zip _____ County _____

VALID DRIVER'S LICENSE NUMBER _____ State Driver's License Issued From _____

DO NOT provide a State Identification Number.
If your license is Suspended/Denied/Revoked,
You must still provide your driver's license number.

*Voluntary - This information will be used for background screening purposes only and will not be used as hiring criteria.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Company Number: _____

Authorized Requestor's Name: _____

Authorized Requestor's Telephone Number: _____

Criminal Search: _____ Civil Search: _____ Credit: _____ Position: _____

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

MPS Group, Inc. is an equal opportunity employer that is committed to our equal employment program that includes the recruitment of females, minority group members, handicapped individuals, disabled veterans and veterans of the Vietnam Era in areas of work where they may be underutilized.

The information requested is needed to comply with government record keeping, reporting, and other legal requirements. Periodic reports are sent to the government.

The completion of this form is **voluntary** and **will not** be used in the evaluation of your application. The requested information is kept in a **confidential file** and is not part of your application for employment or personnel file.

Date		
Name		
Address		
City	State	Zip
Position Applying For:		(Do Not Complete) EEO Job code:
Please check one: Male Female		Date of Birth
Please check one of the following:		
White	Hispanic	Black
Other	American Indian/Alaskan Native	Asian/Pacific Islander
Please check if any are applicable:		
Vietnam Era Veteran	Disabled Veteran	Handicapped Individual
How did you learn about us?		
AD Which paper? _____	Employment Agency	Walk in
College Posting	Referred by _____	Online Other _____
For department use only		
Division: _____	Open Position	Yes No