

Please also submit resume



**WWW.CUSTOMPERSONNEL.COM**  
**999 Mission De Oro**  
**Redding CA 96003**  
**530-221-4444**

**741 Main Street #102**  
**Red Bluff CA 96080**  
**530-727-9797**

Last Name, First Name, Middle Initial		Email Address		Date	Home Phone Number		
Mailing Address		City	State	Zip Code	Cell Phone Number		
Date Available	Date of Birth	Check Days Available: M T W Th F S Su			Check Hours Available: Day (1 <sup>st</sup> ) Swing (2 <sup>nd</sup> ) Graveyard (3 <sup>rd</sup> )		
Position(s) Applying For:		Type of work you are seeking: Temp Temp to Perm Full Time Part Time			Type Of Transportation		
<b>EMPLOYMENT HISTORY (LAST JOB FIRST)</b>							
From	To	Company Name & Address	Supervisor	Phone Number	Position	Salary	Reason Left
<b>PREVIOUS TEMPORARY HISTORY (LAST JOB FIRST)</b>							
From	To	Company Name & Address	Supervisor	Phone Number	Position	Salary	Reason Left

Please check the skills in which you are experienced, mark / for SOME ability, mark X for BEST abilities.

**Assembly**

- Factory
- Production
- QC/ Inspecting

**Automotive**

- Fleet Manager
- Detail
- Diesel Mechanic
- ASE Certified Mechanic
- Smog Certified
- Mechanic \_\_\_\_\_ years exp
- Own Tools \_\_\_\_\_ \$Amt

**Bookkeeping \_\_\_\_\_ Yrs. Exp**

- Full Charge Bookkeeper
- Assistant Bookkeeper
- Accounts Payable
- Accounts Receivable
- Payroll
- Controller
- Accountant

**Clerical**

- Photocopying
- Filing
- Phones # of lines \_\_\_\_\_
- Fax Machine
- Typing \_\_\_\_\_ WPM
- 10 Key \_\_\_\_\_ SPM
- Touch
- Sight
- Court Reporting

**Concrete**

- Form Builder
- Finisher \_\_\_\_\_ years exp
- Own Tools \_\_\_\_\_ \$Amt

**Computer Skills**

- Excel
- Word
- QuickBooks
- PowerPoint
- Graphic Arts
- Web Design
- Other \_\_\_\_\_

**Construction**

- Framing
- Labor
- Blueprints
- Carpenter
- Apprentice \_\_\_\_\_ Yrs
- Journey

**Drywall**

- Hang
- Tape
- Texture

**Electronics**

- Wiring
- PC Board Fabrication
- Inspectors
- Schematics
- Blueprints
- Cable Assembly
- Component Machine
- Operation

**Electrician**

- Certified
- Apprentice
- Journey
- \_\_\_\_\_ years exp

**Food Service**

- Line Cook
- Prep Cook
- Cashier
- Waiter/Waitress
- Host/Hostess
- Bartender
- Catering/Special Events

**General Labor**

- Landscaping
- Install
- Maintenance
- Lumber Mill
- Furniture Load/Unload

**Maintenance**

- Janitorial
- Residential
- Commercial
- Own Tools \_\_\_\_\_ \$ Amt

**Marketing**

- Market Survey
- Demonstrator
- Santa
- Telemarketing

**Medical**

- Front Office
- Back Office
- Billing
- Collector
- Admin
- MA
- CNA
- LVN
- RN

**Dental**

- Front Office
- Back Office
- Dental Assistant
- RDA

**Other Skills**

- Printing
- Drafting
- CAD
- 3D
- Textbook Publishing
- Delivery/Route Driver

**Plumbing**

- Apprentice
- Journey

**Transportation**

- Drivers License
- Class
- A
- B
- C
- Green Card
- Physical
- Years \_\_\_\_\_

**Warehouse**

- Fork Lift
- Type \_\_\_\_\_
- Certified Y N
- Load/Unload
- Shipping/Receiving
- Inventory
- Stocking

**Welding**

- MIG TIG ARC
- Apprentice
- Journey

Education (Circle Years Completed)	Dates	Name & Location	Major	Degree
High School 1 2 3 4				
Technical or College 1 2 3 4				



If you have worked under another name, please enter \_\_\_\_\_

If under 18, would you obtain a schoolwork permit?     Yes     No

Do you have personal Safety Equipment?

Gloves     Hard Hat     Goggles     Ear Plugs     Steel-toed Shoes     Face Shield     Muffler

For bonding purposes, have you been convicted of a felony within the past seven years? If yes, what?

\_\_\_\_\_  
(A conviction is not an automatic bar from employment)

I understand that depending on customer requirements and the nature of my assignment a criminal record check may be conducted.  
\_\_\_\_\_ (Please initial that you understand.)

How did you hear about Custom Personnel? \_\_\_\_\_

If I have indicated on the reverse side that I am not available only for temporary or part-time work, my reasons are as follows:

\_\_\_\_\_  
If and when I become available for full-time employment, I will notify my supervisor at Custom Personnel. I understand that I am to contact my supervisor at Custom immediately after completing. If I fail to do so, Custom can assume that I am terminating my employment. In making this application for temporary employment, I authorize Custom to check my references and to determine the accuracy of the information I have given on this application, all of which I certify to be true and correct to the best of my knowledge. I understand that any misrepresentation of the facts or omission of material information will be grounds for dismissal. I understand that depending on customer requirements, the nature of my assignment and state compensation laws, I may be requested to demonstrate that I am drug free by giving a urine sample at a designated lab either before being sent on an assignment or after a work-related accident.

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

**--For Office Use Only --**

Interviewer's remark:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lowest \$: \_\_\_\_\_

***Assignment / Call Record***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## NEW HIRE DATA INPUT FORM

Employee Section

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Are you subject to wage garnishment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order?  Yes  No

(Initial) \_\_\_\_\_ I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.





90 Day/520 Billable Hours Agreement

Name \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_ understand, that if I were to accept any position directly through the employer when placed in a position by Custom Personnel instead of first working under Custom Personnel for the the 90 days or 520 billable hours before rollover, I will be held liable for a \$2,500 flat fee in addition to being taken to small claims court.

Signature \_\_\_\_\_

Date \_\_\_\_\_





# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period	<b>4(c)</b>	\$

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	Custom Personnel		
	999 Mission De Oro #208 REDDING CA 96003		





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08-31-2019

**Section 2: Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State      ZIP Code

**Section 3: Reverification and Rehire (to be completed and signed by employer or authorized representative)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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