

# C.S.T. Connection, Inc.

DATE: \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER

Position applying for: \_\_\_\_\_

SMOKER

NON-SMOKER

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
 STREET APT. NO. CITY STATE ZIP

PHONE \_\_\_\_\_  
 CELL \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

ALTERNATE PERSON Name: \_\_\_\_\_  
 WHO CAN REACH YOU Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? newspaper job service yellow pages  
 friend; who? \_\_\_\_\_  
 other \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? Y N  
 (Such conviction may be relevant if job related, but does not keep you from employment) If yes, please explain

HOURLY RATE EXPECTED? \_\_\_\_\_ WHEN CAN YOU START WORK? \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

Are you below the age of 18 years? Y N

Type of employment desired \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temp \_\_\_ Weekend

Are you legally eligible for employment in this country? (proof of US citizenship or immigration status will be required upon employment)

AVAILABILITY REQUIREMENTS S M T W T F S EDUCATION (Last grade completed) 10 11 12 13 14 15 16

DO YOU HAVE YOUR OWN TRANSPORTATION? \_\_\_\_\_

Days Available

Hours Available A.M. P.M. OTHER EDUCATION \_\_\_\_\_

Social Security # \_\_\_\_\_

FROM/TO	END PAY	COMPANY NAME AND ADDRESS	SUPERVISOR NAME PHONE NUMBER	TYPE OF WORK	REASON FOR LEAVING	MAY WE CONTACT? Y N	REF. CHECK

**Previous Temporary Work:**

Temporary Service Name	From/To	Type of Work	Company Assigned To	Pay Rate	Supervisor	Reason(s) for Leaving

FOR OFFICE USE ONLY

Some of the companies we work with require:

Pre-employment drug screening. Is that a problem?

Criminal background check. Is that a problem?

If we had an interview or a position for you which you needed to go to the same day, would that be a problem?

Can you stand for eight (8) hours?

Can you sit for eight (8) hours?

Check the following you have had experience. Double check for special ability or skill.

<p><b>SECRETARIAL</b></p> <p>Executive Legal Medical Financial Engineering Insurance Real Estate Sales/Marketing General Transcription</p>	<p><b>BOOKKEEPING</b></p> <p>Medical Billing Medical Collections Bookkeeper Full Charge Yes No General Ledger Accounts Payable Accounts Receivable Collections Credit Payroll Financial Statements Accounting Software Exp: _____</p>	<p><b>DATA ENTRY/CRT</b></p> <p>Alpha Data Entry Keystrokes/Hour: Numeric Data Entry- Keystrokes/Hour: _____ 10-key touch sight</p> <p><b>PHONES</b></p> <p>No. of Lines _____ No. of Extensions _____ Switchboard Pager System</p> <p><b>GENERAL OFFICE</b></p> <p>Medical Records File Alpha Numeric Mail Room Other Medical Scheduler</p>	<p><b>SOFTWARE</b></p> <p>Windows E-Mail Microsoft Access Microsoft Outlook Microsoft Excel Microsoft Word Microsoft PowerPoint Word Perfect Adobe PageMaker Adobe Illustrator Desktop Publisher QuickBooks Quicken Peachtree Goldmine Solomon Medical Manager</p>	<p><b>BUSINESS BACKGROUND</b></p> <p>Telemarketing Retail Sales Outside Sales Bank Teller Customer Service Cashier Merchandiser Purchasing Inventory Control Mortgage Processor Mortgage Closer Other: _____</p>
<p><b>MATERIAL TYPED</b></p> <p>Typing: WPM Tax Returns Legal Medical Invoices Financial Reports Correspondence</p>	<p><b>INFORMATION TECHNOLOGY</b></p> <p>Web Design Software Design/Development Hardware Programmer System Administrator Network Administrator</p>			<p><b>FOREIGN LANGUAGE</b></p> <p>Read / Speak / Translate</p>
<p><b>ASSEMBLER</b></p> <p>Printed Circuit Boards Solder Medical Magnifier/Microscope Wire Harness Hand Mil-Spec Solder Blue Prints/Schematics Quality Control (QC)</p>	<p><b>PRINTING</b></p> <p>Multigraphic Offset Bindery Web Press</p>	<p><b>DRIVER</b></p> <p>Class: A B C E DOT Physical Card Year Expire: _____ Heavy Equip. Operator</p>	<p><b>ENGINEERING</b></p> <p>Architectural Electrical Mechanical CAD</p>	<p><b>MAINTENANCE</b></p> <p>Painting Plumbing Janitorial Electrical Carpenter HVAC Certified</p>
<p><b>LIFTING</b></p> <p>Less than 10 pounds Up to 25 pounds Up to 50 pounds Up to 75 pounds 75-100 pounds</p>	<p><b>MACHINIST</b></p> <p>CNC Mills/Lathe Operator Injection Mold Presses Other: _____</p>	<p><b>ENDORSEMENTS</b></p> <p>Hazard Material Tandem Air Brakes Passenger Dump Truck Box Truck Tractor Trailer Front End Loader Roll-Off</p>	<p><b>WAREHOUSE</b></p> <p>Forklift Certified Pallet Jack Shipping/Receiving Load/Unload Pick/Pull/Pack Orders Material Handler Manifest Shipping Software Purchasing/Logistics</p>	<p><b>WELDING</b></p> <p>MIG TIG STICK ARC Fabricator</p>

I certify that the facts set forth in this Application are true and complete, to the best of my knowledge. I acknowledge that C.S.T. Connection, Inc. may rely on my representations in this Application in making its hiring decision.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give C.S.T. Connection, Inc. any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I hereby release said references and previous employers from all liability for any damages that may result from furnishing the same to C.S.T. Connection, Inc. I agree that if I am required to take a pre-employment drug screening and the results of that screening are positive, I will reimburse C.S.T. Connection, Inc., for the cost of that screening.

I agree that I will not accept a position with a C.S.T. Connection, Inc. customer or client to whom I am assigned to work as a temporary employee, unless and until I have completed 520 consecutive working hours for said customer or client while on C.S.T. Connection, Inc.'s payroll, without receiving written authorization from C.S.T. Connection, Inc. I understand that I may be charged a \$2,000.00 fee if I accept work from a C.S.T. Connection, Inc. client without prior written approval.

If employed, I agree that if at any time I shall make claims against C.S.T. Connection, Inc. for personal injuries, I will submit to examination by a physician or physicians of C.S.T. Connection, Inc.'s selection (at C.S.T. Connection, Inc.'s expense) as often as may be required. I also agree to submit myself to drug examination after making such claim against C.S.T. Connection, Inc., for personal injuries at C.S.T. Connection, Inc.'s expense.

Should I be given employment with C.S.T. Connection, Inc., now or hereafter, I agree that such employment may be terminated by C.S.T. Connection, Inc., at any time without liability to me for wages or salary except such as may have been earned at the date of such termination. I also understand that the first 90-days of my employment with C.S.T. Connection, Inc., are considered my probationary period.

I understand and agree that if I am hired by C.S.T. Connection, Inc., I will not publish, disclose or utilize any confidential information of C.S.T. Connection, Inc., or any clients of C.S.T. Connection, Inc., where I am sent to work. I will assign and disclose to C.S.T. Connection's client any invention perfected or conceived during my hours of work for such client and will sign all papers necessary to enable C.S.T. Connection's client to obtain a patent on these inventions and to obtain copyrights. I agree to indemnify C.S.T. Connection, Inc., against any claim, demand or action alleging an unauthorized disclosure of such confidential information and/or documentation that may be brought against C.S.T. Connection, Inc. by the client.

I understand that the work provided to me by C.S.T. Connection, Inc., may be temporary in nature. I agree to notify C.S.T. Connection, Inc., at the completion of each work assignment. I agree to contact C.S.T. Connection, Inc., on a daily basis after completion of an assignment if I am available to work. If I do not so notify or contact C.S.T. Connection, Inc., within twenty-four (24) hours of completion of an assignment, they may assume that I am no longer available for work and am voluntarily terminating my employment. I agree that if my employment is terminated for misconduct in connection with my work, if I voluntarily resign, take a leave of absence, if I fail to report for work, or if I do not report my availability as required by C.S.T. Connection, Inc., under amended State Unemployment statute 4073A, I may not be eligible to collect unemployment benefits. The law reads as follows: "Temporary Employees. A temporary employee is deemed to have voluntarily quit work if, upon conclusion of the latest assignment, the employee, without good cause, failed to contact the temporary help firm for reassignment, provided that the employer advised the employee at the time of hire that failing to report for reassignment upon conclusion of each assignment could result in a denial of UI benefits."

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### **Equal Employment**

C.S.T. Connection, Inc. does not discriminate against a person because of his or her sex, race, color, age, handicap, religion, citizenship, national origin, or marital status in any aspect of employment opportunity. C.S.T.'s policy of equal employment opportunity and nondiscrimination extends to recruitment, employment, advancement and promotion, compensation and benefits administration, training and development, and other personnel actions.

### **Drug Free Workplace**

C.S.T. is committed to the safety of their employees by providing a safe working environment. We have established a Drug-free Workplace. This policy is implemented pursuant to the Drug-free workplace program requirements stated in Florida Statute 440.102 and the rules of the Agency for Health Care Administration. Under this policy it is a condition of employment for employees to refrain from reporting to work or working with the presence of drugs or alcohol in his or her body.

### **Family Medical Leave Act**

C.S.T. employees are eligible for FMLA if you have worked for C.S.T. for at least **TWELVE MONTHS** (including periods of leave; and has worked at least **1,250 HOURS** over the TWELVE MONTH period prior to the date of leave commences). Please contact C.S.T. with any questions regarding your rights under this Act.

### **Computer, Internet and E-Mail Usage**

When on assignments please be aware that the computers, programs, data and applications are the property of the company to which you are assigned. E-mail systems at the client company are the property of that company and may be used only for business purposes, personal use is strictly prohibited. As an employee of C.S.T. you do not have privacy in Internet usage or information contained in any means of storage. C.S.T. reserves the right to monitor all usage. As an employee of C.S.T. you cannot use the Internet to access, view or download inappropriate materials, including harassing or offensive materials, or materials that disparage or demean persons based on sex, race, ethnicity, national origin, religion, disability, age or marital status. The computers and Internet used at C.S.T.'s customer's job sites are limited to legitimate, ethical company business purposes only; the equipment are not to be used for personal use and personal data should not be stored on the hard drive. C.S.T. reserves the right to monitor Internet use, both as to time spent on the Internet and the content of information viewed and downloaded.

### **Confidential Information**

As a C.S.T. employee you will not publish, disclose or utilize any confidential information of C.S.T. Connection, Inc., or any clients of C.S.T., where you are sent to work. As a C.S.T. employee you will assign and disclose to C.S.T.'s client any invention perfected or conceived during my hours of work for such client and will sign all papers necessary to enable C.S.T.'s client to obtain a patent on these inventions and to obtain copyrights. As a C.S.T. employee you will indemnify C.S.T. against any claims, demands or actions alleging an unauthorized disclosure of such confidential information and/or documentation that may be brought against C.S.T. by the client.

### **C.S.T.'s Clients**

When you accept a position with a C.S.T. client be aware that you have employment with that company because of the efforts of C.S.T. Both you and the C.S.T. client company are under a contractual agreement of 520 hours on C.S.T.'s payroll BEFORE you are eligible for hire by that company. A written authorization by C.S.T. must be given to release both the employee and client company from this agreement. A fee of \$2,000 will be charged to you, the C.S.T. employee, if you accept a position at a C.S.T. client that you have been assigned to without prior written approval. You are eligible for hire by a client company ONE YEAR after the last day of work at the client company without penalty.

### **Harassment**

The workplace is for work; C.S.T. does not approve of harassment of ANY KIND within the workplace. C.S.T.'s goal is to provide a workplace free of tension created by racial, ethnic, sexist, religious, or age-based remarks or animosity, unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature. Any employee affected by ANY TYPE of verbal or physical harassing conduct is urged to IMMEDIATELY notify C.S.T. Appropriate and prompt investigation of any claims of harassment will take by C.S.T. All claims will be held in confidence.

### **Referral Bonuses**

1. FREE Florida Lottery Scratch Off Ticket when you refer someone to C.S.T. for work.
2. Once that person has accepted an assignment and worked 80-hours you will receive \$50.

### **JOB SAFETY**

As your employer, C.S.T. Connection, Inc., is concerned about your safety and health. Even though you will never work on hazardous assignments, you will work in places where common accidents do occur. Please take a minute to read these on-the-job reminders:

1. Be careful not to trip over electrical cords or slip on wet spots on the floor. Watch out for protruding obstacles in your path. Make sure your chair is stable and will not tip over accidentally.
2. Do not operate equipment unfamiliar to you without supervision.
3. Telephone your C.S.T. Connection, Inc., counselor if you become injured while on an assignment. If you need emergency treatment:
  - a. If it is life threatening call 911 immediately. Have the ambulance take you to the nearest hospital.
  - b. If it is not life threatening, but you require immediate attention, call C.S.T. Connection, Inc., for further instructions. Our workers compensation clinic is Bayfront Convenient Care Clinic 13163 66<sup>th</sup> Street N, Largo, FL 33773. Phone (727) 531-2273

***If you have any questions on job safety or hazardous conditions, it is your responsibility to call C.S.T. Connection, Inc.***



**Assignments**

Your C.S.T. Connection, Inc., counselor will call you as positions become available for which you are qualified. You will be given the job description, length of assignment, rate of pay, and as much information about the company as we can give. Please **DO NOT** accept a job unless you can work for the duration of the assignment and feel you are qualified. If there are any changes in your description, questions about the job or problems that occur or that affect the job call C.S.T. immediately; do not leave your assignment.

**Employment Availability**

I understand that the work provided to me by C.S.T. Connection, Inc. may be temporary in nature. I understand and agree that it is my responsibility to notify C.S.T. at the completion of each assignment AND on a daily basis via the AVAILABLE LINE number 727-538-9035 as to my availability to work. I understand and agree that if I do not so notify C.S.T. via the available line within twenty-four (24) hours of completion of an assignment AND EVERY TWO (2) consecutive days thereafter, C.S.T. may assume that I am no longer available for work and am voluntarily terminating my employment. I agree that if my employment is terminated for misconduct in connection with my work, if I voluntarily resign, take a leave of absence, if I fail to report for work, or if I do not report my availability as required by C.S.T., under amended State Unemployment statute 4073A, I may not be eligible to collect unemployment benefits. **Failure to comply with this policy could result in a denial of unemployment benefits.**

**Temporary-To-Hire**

Our 520 (13-weeks at 40-hours per week) temporary-to-hire plan allows you the opportunity to evaluate your new position (and the company to evaluate you). You will be eligible for hire by the company after completion of the 520 hours at our client company. Overtime is paid after a full 40-hour week, as determined by the State of Florida.

**NO CALL/NO SHOW/WALKING OFF ASSIGNMENT** will be considered that you quit your position without notice. Failing to give proper notice could result in a denial of unemployment benefits. Also, the hours that you have worked during that pay period will be paid at minimum wage.

**NOTIFICATION TO END ASSIGNMENT EARLY** is required on all assignments. A one-week notice is required for temporary-to-hire and assignments over two weeks and a one working day notice for an assignment of two weeks or less. Failure to give proper notice will be considered that you quit without notice. **This could result in denial of unemployment benefits. Also, any hours worked during that pay period will be paid at minimum wage.**

**Absenteeism/Tardiness**

Unexcused absences, other than illness, will be considered you quit without proper notice. Any hours worked during that pay period will be paid to you at minimum wage. An Unexcused absence will be determined at the discretion of C.S.T. Doctor's appointments should be made during your off hours. A 24-hour notice is required for time off during scheduled work hours for doctor appointments or personal business. A doctor's excuse for any time off work due to illness is required.

Report on time to the office of the company you are assigned to. Cell phones are to be turned off and used only during break periods. Do not abuse the time allowed for lunch and relief periods

**Pay Day**

**You will be paid the same week that you work! Paychecks are processed:**

**Fridays** NOON to 6:00pm  
**Mondays** 9:00am to 4:00pm (for previous week)

NOTE: FAXED TIMESHEETS WILL BE AUTOMATICALLY MAILED. NO EXCEPTIONS!

**CALL C.S.T. AT 538-8567...**when an emergency arises and you will be late or unable to report for work so we can make arrangements to have your assignment covered. We are available 24-hours per day, 7-days per week, 365+ days per year. **We are always available – no excuse not to call.** Just call the main number **(727) 538-8567** for immediate, personal service. NO CALL/NO SHOW will be considered that you quit your position without notice. Failing to give proper notice could result in a denial of unemployment benefits. **We are always available – no excuse not to call.**

**We are available by phone 24-hours per day, 7-days per week, 365+ days per year! C.S.T. is always available by telephone! No excuse not to call for any reason if you are not going to work!**

**I have read and understand the above information. I also acknowledge that I have received a C.S.T. Connection employee handbook, Available Line Magnet and starter time ticket.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO Previous Employer:**

\_\_\_\_\_
Print Company Name

\_\_\_\_\_
Print Contact Name

Telephone Number: \_\_\_\_\_

**FROM:**



13700 – 58th Street North #210
Clearwater, FL 33760
(727) 538-8567 (toll free 877-804-7445)
FAX 538-9587 (toll free fax 888-822-3558)

I, \_\_\_\_\_, authorize the reference and previous employer listed above to give C.S.T. Connection, Inc. any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I hereby release said reference and previous employer from all liability for any damages that may result from furnishing the same to C.S.T. Connection, Inc.

\_\_\_\_\_
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Date

\_\_\_\_\_
Applicant's Social Security Number

**APPLICANT complete to here!**



- 1. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_
- 2. Position held: \_\_\_\_\_
- 3. Starting Salary: \$\_\_\_\_\_ Ending Salary: \$\_\_\_\_\_
- 4. Reason for leaving: \_\_\_\_\_
- 5. Overall work performance: (circle one) Below Average Average Above Average
- 6. Number of days missed from work: \_\_\_\_\_ Number of days tardy: \_\_\_\_\_
- 7. Is this person eligible for re-employment with your company? YES NO If no, please explain:
- 8. Is there anything else you feel we should know about this person when considering them for employment with C.S.T. Connection, Inc.?

\_\_\_\_\_
Signature of person completing form

\_\_\_\_\_
Title of person completing form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Date