THE METROPOLITAN COMPANIES INC.

LAST NAME	FIRST NAME	MI	INTERVIEWER:_____
STREET ADDRESS			HOME PHONE# ( )_____
			CELL # ( ) _____
			DATE OF BIRTH:_____

CITY	STATE	ZIP CODE	EMAIL

HOW DID YOU HEAR ABOUT US? (MONSTER,CRAIG'S)	POSITION DESIRED	WOULD YOU LIKE ☐ TEMP ☐ TEMP TO PERM HOURLY EXPECTED: $	SALARY EXPECTED $

EMPLOYMENT HISTORY

FROM	TO	FIRM NAME & ADDRESS	POSITION/DUTIES	SALARY	REASON FOR LEAVING	SUPERVISOR NAME &PHONE#

REFERENCES

LIST 3 FORMER SUPERVISORS OR PEERS FAMILIAR WITH YOUR WORK (EXCLUDE RELATIVES)

NAME	OCCUPATION	ADDRESS	TELEPHONE #

LIST ALL TEMPORARY ASSIGNMENTS

COMPANY NAME	ADDRESS	CONTACT / TELEPHONE #	PAY RATE

HIGHEST DEGREE EARNED

FROM - TO	INSTITUTION	DEGREE / GPA

DO YOU HAVE A VALID DRIVERS LICENSE?	DO YOU DRIVE?	DO YOU OWN A CAR?	DO YOU SPEAK ANY OTHER LANGUAGES FLUENTLY?	WOULD YOU LIKE YOUR CHECK HELD OR MAILED

PLEASE READ: You are not obligated to accept any job assignment. However, if you are on unemployment insurance (U.I.) a refusal of work could jeopardize your U.I.benefits. Also, you must inform this office on the last day when your assignment with us ends. If not, this may jeopardize your U.I. benefits. All employees are bonded when assigned to a job. Our bonding company has been instructed to prosecute all dishonest acts to the full extent of the law. Also, I agree to obtain written permission before I accept temporary or permanent work directly from one of Metropolitan's clients or subsidiaries to whom I have been previously assigned.

I have read and understand the above. **SIGNED** _____ **DATE** _____

The Metropolitan Companies, Inc. has developed these safety rules patterned after the Federal and State OSHA requirements. Read and become familiar with these rules, and the other safety rules that apply to your job.

1. *Report any injury to your employer / supervisor immediately.*
2. *Report any observed unsafe condition to your employer / supervisor.*
3. *The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will be terminated.*
4. *If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.*
5. *Appropriate clothing and footwear must be worn on the job at all times.*
6. *You should not perform any task, including operation of office machines, unless you are trained to do so and are aware of the hazards associated with that task.*
7. *Learn where fire extinguishers and first aid kits are located.*
8. *Maintain a general condition of good housekeeping in all work areas at all times.*
9. *Obey all traffic regulations when operating vehicles.*
10. *When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seatbelt shall be worn.*
11. *Be alert to hazards that could affect you and your fellow employees.*
12. *Be alert for weather related hazards such as rain, snow or ice on walking surfaces.*
13. *Always perform your assigned task in a safe and proper manner; do not take short cuts. The taking of short-cuts and the ignoring of established safety rules are the leading causes of employee injury.*

I certify that I have read and understand and will abide by the above listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits. I also certify that I was given the opportunity to ask questions relating to any and all of the above listed rules and policies and that my questions were answered by a representative of the company.

_____ _____

Applicant's Signature Date

COMMENTS (OFFICE USE ONLY)