



**Employment Application
Personal Information**

Last Name	Middle Name	First Name	Age
Address		City	St
		Zip Code	
Home Phone	Cell Phone	E-mail	
Name of Emergency Contact		Phone	Relationship
Social Security Number		Date Of Birth (MM/DD/YYYY)	
Are you authorized to work in the United States?		[] YES [] NO	
Have you been convicted of a felony?		[] YES [] NO	

Health and Personal Habits

What would you consider your physical health to be currently? O Good O Regular O Bad	Do you have any chronic illness? O YES O NO If yes, please list
Do you practice any sports?	What is your favorite hobby?

What languages do you speak?
What type of machinery or work equipment are you familiar with/ trained in ?
Other skills

Experience

	LATEST OR CURRENT JOB			BEFORE		
How long	From	To	ACTUAL?	From	To	ACTUAL?
Company name						
Work Address						
Work Phone						
Type of work						
Can we call for reference	O Yes	O No		Why?		
Reasons why you left the job						
How did you find out about this job? O Flyer O Other (Please specify)						
Are you currently employed? O No O Yes (Name of company)						
Any relative work for us already? O No O Yes (Name and relationship)						
Affiliated to any union/syndicate? O No O Yes (witch one)						
When can you start working?						
Preferred time to work	O AM	O PM				

KNOWLEDGE AND AUTHORIZATION

I certify that the answers I have completed above are true and complete to the best of my knowledge. I authorize the company and / or its agents, including consumer agencies, to investigate the content of this application as needed to reach an employment decision (including, but not limited to, criminal history and driving records). I absolve the company and / or its agents from any claim or responsibility that may arise as a result of this investigation. I understand that this application is not an employment contract. I understand that false or misleading information placed on my application or given at the interview (s) will result in termination of employment. I also understand that the use of illegal drugs or alcohol at work is prohibited during working hours. I agree that upon being hired for this position, I agree to comply with all policies, procedures and regulations of this company.

Anyone who works for EGM Solutions, Inc. is informed that they will be subject to drug and alcohol testing when deemed necessary. I _____ sign and consent to submit to drug and alcohol testing when required and at the time I am instructed.

Name of Employee _____ Signature _____ Date _____



EGM
SOLUTIONS INC.
— Third Party Logistics Services. —

Security Regulations

To any and all employees of EGM Solutions, Inc., be informed that by agreeing to work for this company, you agree that you do not have any medical restrictions or restrictions of any other kind to perform the work that includes, but is not limited to, load and unload sensitive material with weight that can vary between 5 to 50 lbs. You also accept that you have been informed that working environment of some warehouses ranges from 30°F to 40°F degrees. You were also made aware that by signing this document you certify that you have a suitable physical condition to perform the work, and that you must report any changes in your health.

It is not allowed to use any machines, work or loading equipment that is owned by the warehouse unless the management team of said company has given authorization to EGM's authorized personnel, so no one has permission to authorize or use the equipment being used EGM Solutions Incorporated in any of the factories we serve although they are accessible without visible use.

I _____ By signing this document, I agree that I can load / unload boxes of 5 to 300 pounds and will not hold the company EGM Solutions Incorporated in case of any previous physical problem the first day of work at this company . Similarly, I note the understanding of safety regulations EGM Solutions Incorporated.

Use regulations nonskid shoe cap work

This employee of EGM Solutions Incorporated, the conditions and temperature of the workplace, are informed that the use of boots cap (slip resistant steel toe.) Is mandatory and indispensable part to work, if the employee negligently ignore this rule the company EGM will not be held responsible for any accident caused by unauthorized use during work hours shoes.

Should you have an accident during work hours, you have to call the manager at that time and a detailed report at that time.

I _____ by signing this document, I agree you understand and agree that it is my responsibility and I use the kind of shoes that whenever I mentioned above this to work.

Responsibility for work material delivered

EGM Solutions Inc deliver the servery on his first day vest, knife and gloves themselves to be used every time you present in your schedule and workplace, if for any reason the employee or the company terminate the employment relationship must deliver to the manager in turn, said material in the conditions that are. Failure to do so will result in a charge of 10 dlls on your last check.

I _____ by signing this document, I agree you understand and agree that it is my responsibility to take care of the working material that was delivered and it will return the last day to submit me to work for this company.



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ASSISTANCE REGULATIONS

EGM SOLUTIONS INC will follow warehouse hours where employee understands and agrees to stay until completely finish indicated job, the unjustified failure to this rule a charge will be applied in payment of that week, it will be deducted from your paycheck, the amount will be equivalent the fee charged the company (Detention charges) EGM Solutions Inc for such inconvenience. These charges vary from \$ 25 to \$ 100.

They are asking workers to be present during the times indicated, just as if they have a medical appointment, missing n to work for any other reason, must be notified in advance of a week if needed for any reason leave before completing his working hours, It must be reported during the previous weekend if possible. If not foreseen because such failure or absence should be checked the next day to report to work the reason for such absence.

The walkout or leave the workplace without prior information and authorization I manager, can also cause an extra charge. Since the work to be inco m plete also causes extra fees EGM. I _____
_____ By signing this document I consent that I am aware of the assistance regulations and will abide by them.

Name of the employee _____

Signature of Employee _____

Date _____