

COMPLETE AND RETURN THE FOLLOWING ITEMS:

- _____ Fill out the employee application form
- _____ Security Badge Information Form
- _____ Print from our website WWW.WFServices.biz Fill out the W-4 form
- _____ Print from our website WWW.WFServices.biz Fill out the I-9 form
- _____ Make a copy of your driver's license and 1 of the following 3 forms for identification:
 - Passport
 - Birth Certificate
 - Social Security Card

DO NOT RETURN THIS PAGE

go to next page and click on the Submit
button when form is completed. or fax pages
2-6 to 330-777-5463



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

PERSONAL INFORMATION (FILLED OUT COMPLETELY): *(PLEASE PRINT)*

<i>Name</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Email address</i>	
<i>Address</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
<i>Social Security Number</i>	<i>Date of Birth</i>		<i>Telephone</i>		
<i>Driver's License number</i>	<i>Expiration Date</i>		<i>State Issued</i>	<i>Type or Class</i>	
<i>Emergency Name</i>	<i>Phone #</i>		<i>Relationship to you</i>		

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

POSITION APPLIED FOR:

- 1) Have you ever worked at Workforce before? Yes: ___ No: ___
- 2) Are you willing to have your shift changed? Yes: ___ No: ___
- 3) What shift would you be willing to work? Days: ___ Nights: ___
- 4) Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

- 5) Do you have any relatives who are or have formerly been employed by Workforce? _____
- 6) How were you referred to Workforce? _____
- 7) Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain:



EDUCATIONAL HISTORY:

	<i>School Name/Location</i>	<i>Years Completed</i>	<i>Degree/Diploma</i>
High School	_____	_____	_____
College	_____	_____	_____
Tech. Training	_____	_____	_____
Other	_____	_____	_____

EMPLOYMENT RECORD PLEASE INCLUDE ALL EMPLOYMENT FOR THE LAST FIVE YEARS:

1. _____
Company Name(Current/Most Recent Employer)

_____ *Position Held*

_____ **Dates Employed:** _____
From To

_____ *Address*

_____ *Manager / Supervisor* _____ *Telephone* _____ *Wage/Salary*

_____ *Reason For Leaving*

2. _____
Company Name

_____ *Position Held*

_____ **Dates Employed:** _____
From To

_____ *Address*

_____ *Manager / Supervisor* _____ *Telephone* _____ *Wage/Salary*

_____ *Reason For Leaving*

3. _____
Company Name

_____ *Position Held*

_____ **Dates Employed:** _____
From To

_____ *Address*

_____ *Manager / Supervisor* _____ *Telephone* _____ *Wage/Salary*

_____ *Reason For Leaving*

REFERENCES PLEASE DO NOT INCLUDE RELATIVES:

1. _____
Name _____ Years Known _____
_____ Address _____ Telephone _____
_____ Occupation _____

2. _____
Name _____ Years Known _____
_____ Address _____ Telephone _____
_____ Occupation _____

WORK AVAILABILITY:

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

SALARY / HOURLY RATE REQUIREMENTS:

If your application receives favorable consideration, what salary/hourly rate would you require?
\$ _____ Per _____

MECHANIC SKILLS, EXPERIENCE & EDUCATION

Please attach proof of completion and/or certificates if available

Formalized basic training:

____ Chevron approved training or similiar
____ Private Vocational School (Name of School) _____
____ Military - basic mechanic, military equipment person training
____ Other: _____

Specialized Training: (i.e., GM or Toyota or other major industry training) Please describe:

National Institute for Automotive Service Excellence (ASE)

Auto:

____ A1 Engine Repair
____ A2 Automatic Trans/Transaxle
____ A3 Manual Drive Train & Axles
____ A4 Suspension & Steering
____ A5 Brakes
____ A6 Electrical Systems
____ A7 Heating & Air Conditioning
____ A8 Engine Performance

Med/Hvy Truck:

____ T1 Gasoline Engines
____ T2 Diesel Engines
____ T3 Drive Train
____ T4 Brakes
____ T5 Suspension & Steering
____ T6 Electrical Systems

Parts:

____ P1 Med/Hvy Truck Parts Specialist
____ P2 Automobile Parts Specialist

Machinist

____ M1 Cylinder Head
____ M2 Cylinder Block
____ M3 Assembly Spec

Fuel:

____ F1 Fuels: Lt. Veh Comprsd Nta. Gas

Body:

____ B2 Painting & Refinishing
____ B3 Non-struct Analysis. & Damage Repair
____ B4 Structural Analysis & Damage Repair
____ B5 Mechanical & Elec Components

Smog Certificate:

____ Non-Computer Car
____ Computer Car

Other Training or Experience: _____

I hereby certify the information I have provided regarding my experience, education, and training is true to the best of my knowledge.

Signature of Employee

Date



EMPLOYMENT AGREEMENT

This Employment Agreement is entered into by and between Workforce Services, Inc. and ("Employee). print name Employee acknowledges receipt of the Company's handbook Policies and procedures and agrees to read it promptly, ask, and get resolution on any question(s) or concern(s) they may have with the Employee policies dictated in the Employee handbook. Employee understands that as an employee of this Company, he/she is expected to abide by all the procedures, policies and rules contained in the handbook and understand that failure to do so can result in discipline, including termination. Employer and Employee agree that their employment relationship is at will and that either one may terminate the employment relationship at any time, for any reason, and without cause. Employee agrees that by signing this form, he/she will be solely an employee of Workforce Services, Inc. That they are not an employee of our Customer(s), and are in no way entitled to any remunerations, or benefits from our Customer(s).

Employee and Company agree to the following. Any controversy, dispute or claim between any employee and the Company, or its officers, agents or other employees, shall be settled by binding arbitration, at the request of either party. The Claims covered by this arbitration agreement include, but are not limited to, the determination of the scope or applicability of this agreement to arbitrate, claims for wages and other compensation, claims for breach of contract (express or implied), tort claims and claims for discrimination (including, but not limited to, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sex or sexual orientation) to the extent allowed by law, and claims for violation of any federal, state, or other government law, statute, regulation, or ordinance, except for the following. Claims not covered by this agreement are claims for workers' compensation or unemployment insurance benefits. Claims for or related to employment discrimination must be filed with the Department of Fair Employment and Housing and the Equal Employment Opportunity Commission prior to being submitted to arbitration.

The parties shall mutually agree upon an arbitrator. If the parties cannot agree on an arbitrator, then the matter will be submitted to a reputable dispute resolution service for selection of an arbitrator in accordance with their procedures. The arbitrator shall apply applicable Ohio and/or Federal substantive law and the Ohio Evidence Code to the proceeding. The demand for arbitration must be in writing and must be made by the aggrieved party within the statute of limitations period provided under applicable California and/or Federal law for the particular claim. The arbitration shall take place in the State and County in which the dispute arose.

The parties shall be entitled to conduct reasonable discovery, including conducting depositions, requesting documents and requesting responses to interrogatories. The arbitrator shall have the authority to determine what constitutes reasonable discovery. The arbitrator shall hear motions for summary disposition as provided in the Ohio Code of Civil Procedure. The arbitrator shall prepare in writing and provide to the parties a decision and award which includes factual findings and the reasons upon which the decision is based. The decision of the arbitrator shall be binding and conclusive on the parties and unreviewable for error of law or legal reasoning of any kind. Judgment upon the award rendered by the arbitrator may be entered in any court having proper jurisdiction. The arbitrator shall determine if there is a prevailing party and the prevailing party may, in the arbitrator's discretion, be awarded reasonable attorney's fees. The fees for the arbitrator shall be paid equally by both parties.

Both the Company and employees understand that by using arbitration to resolve disputes they are giving up any right that they may have to a judge or jury trial with regard to all issues concerning employment. No employee or other Company representative can modify this agreement in any manner nor enter into any agreement that is contrary to this Agreement unless it is in writing and signed by John Kissell. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction or an arbitrator to be invalid, void, or unenforceable, the remaining terms and provisions of this Agreement remain in full force and effect and shall in no way be affected, impaired, or invalidated. This Agreement contains the entire agreement between the Company and its employees with regard to the matters set forth in this Agreement.

<i>Signature of Employee</i>	<i>Date</i>
<i>Signature of Employer Representative</i>	<i>Date</i>