

Substitute Teachers Unlimited

Personnel Power, Inc.

Application for Employment

Personal Data

Name (last, first, middle) _____ Date _____

Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Message Phone () _____

In case of emergency, contact: _____ Phone number () _____

If employed, can you provide proof of U.S. citizenship? Yes No N/A

Are you 18 or over? Yes No Referred by: _____

Name of college or university attended: _____

Degree(s): _____

Any previous substitute teaching experience? Yes No

If yes, where: _____

Have you attended any substitute teacher training programs? Yes No

If yes, which one(s): _____

Are you willing to take a drug test according to company policy? Yes No

Have you ever been convicted of a felony? Yes No

If yes to above, please explain: _____

Personnel Power, Inc./Substitute Teachers Unlimited explicitly prohibits:
 The use, possession, solicitation for or sale of narcotics or other illegal drugs, alcohol or prescription medication without a prescription on company or client premises or while performing an assignment. Being impaired or under the influence of legal or illegal drugs or alcohol off the client premises that adversely affects the employee's work performance, his or her own or others' safety at the workplace, or the employer's reputation.

Personnel Power, Inc./Substitute Teachers Unlimited may drug screen by any of the following three methods:
 Pre-Employment: As may be required by client.
 Randomly: A random selection of some employees for screening will be done unannounced.
 For Cause: When it is the company's belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the workplace, fights or other behavioral symptoms of drug abuse, negative performance, excessive absenteeism or tardiness), for-cause screening will be utilized.

Drug Screen Authorization and Consent

I hereby authorize and give my full permission to Personnel Power, Inc./Substitute Teachers Unlimited and/or its authorized employees, medical/company physician representative(s) to obtain and send a drug testing specimen to a laboratory for a screening test to determine the presence of any substance which would constitute a violation of the Personnel Power, Inc./Substitute Teachers Unlimited policy, as described above.

I will hold all parties concerned harmless, meaning I will not sue nor hold any other parties responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the test. This includes, but is not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in language I understand and told if I have any questions they will be answered about the test. I understand this is a legally binding document.

I UNDERSTAND PERSONNEL POWER, INC./SUBSTITUTE TEACHERS UNLIMITED WILL REQUIRE A DRUG SCREENING WHENEVER AN ON-THE-JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH PERSONNEL POWER INC./SUBSTITUTE TEACHERS UNLIMITED'S POLICY, AND THIS IS MY AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG SCREENING WILL BE THE BASIS FOR MY TERMINATION.

Release of Criminal Records

I, the undersigned, do hereby authorize Personnel Power, Inc./Substitute Teachers Unlimited to examine any and all criminal records and arrests on file in the counties in the State of Michigan, or any other state. In doing so, I understand I am waiving my right of confidentiality concerning my criminal history.

Print Name	Signature	Date
Drivers License Number	Social Security Number	

Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer	Dates of employment		
Address	City	State	Zip Code
Phone ()	Manager's name		
Beginning salary	Ending salary		
Title/duties	Why did you leave?		

2. Employer	Dates of employment		
Address	City	State	Zip Code
Phone ()	Manager's name		
Beginning salary	Ending salary		
Title/duties	Why did you leave?		

3. Employer	Dates of employment		
Address	City	State	Zip Code
Phone ()	Manager's name		
Beginning salary	Ending salary		
Title/duties	Why did you leave?		

References

List three references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference	Relationship		
Work phone ()	Home phone ()		
Address	City	State	Zip Code

2. Reference	Relationship		
Work phone ()	Home phone ()		
Address	City	State	Zip Code

3. Reference	Relationship		
Work phone ()	Home phone ()		
Address	City	State	Zip Code

Applicant Specification Sheet

***** Please check all that apply *****

Available for substitute teaching assignments at school districts in:

_____ All school districts available in program

Other Counties: _____

Location comments: _____

Would prefer substitute teaching: _____ All Grades

- or -

_____ Elementary (K-6) _____ Middle/Junior High (7-9)

_____ High School (10-12) Most preferred subject/grade: _____

Days available: _____ **Monday through Friday - Full days**

- or -

Monday	_____ Full day	_____ am only	_____ pm only
Tuesday	_____ Full day	_____ am only	_____ pm only
Wednesday	_____ Full day	_____ am only	_____ pm only
Thursday	_____ Full day	_____ am only	_____ pm only
Friday	_____ Full day	_____ am only	_____ pm only

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in this application will be a basis for termination, whenever it is discovered and regardless of the circumstances under which it is obtained. I hereby authorize Personnel Power, Inc./Substitute Teachers Unlimited to investigate my background and verify any and all information I have provided in this application. I understand that if employed, I will be an "at will" employee and that my employment will not be for any fixed period of time and may be terminated by Personnel Power, Inc./Substitute Teachers Unlimited at any time for any reason, or for no reason acknowledging my "at will employment" status. I recognize that Personnel Power, Inc./Substitute Teachers Unlimited has a policy regarding disclosing information to individuals/entities upon request and understand that Personnel Power, Inc./Substitute Teachers Unlimited will only release information pursuant to its policy. I also understand and agree that I may be expected to work on a wide variety of job assignments for which I am, or I have represented I am, qualified as they become available. I also understand that my failure to report to an assignment will be interpreted as a voluntary quit. I also agree to submit to a drug screen upon request or as specified in Personnel Power, Inc./Substitute Teachers Unlimited substance abuse policy, as reflected in this application and understand my failure to submit to a drug screen upon request, in the manner requested and under the specific direction of Personnel Power, Inc./Substitute Teachers Unlimited will be deemed a violation of policy and will result in immediate termination.

Signature of Applicant _____ Date _____

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0010 20	
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> ● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 					
If you meet both conditions, write "Exempt" here				7	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature					
(Form is not valid unless you sign it.) ▶					
Date ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)	