



EMPLOYMENT APPLICATION

Office Use Only
<input type="checkbox"/> STAFFING
<input type="checkbox"/> MEDICAL
<input type="checkbox"/> INTERNATIONAL

PLEASE PRINT	Last Name	First Name	M.I.
Address		City	State Zip
Home Phone	Business Phone	Cellular Phone	Email
How did you learn of our service?	<input type="checkbox"/> Website:	<input type="checkbox"/> Newspaper:	Eligible to work in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Referred by:	<input type="checkbox"/> Other:	

EMPLOYMENT HISTORY (must be completed even if you have submitted a resume)

Dates (most recent)	Company/Facility Name	Name & Title of your Manager	Salary
From:			Base
To:	Address	Type of business	Bonus
Your Title/Responsibility/ # of Direct Reports		Reason for leaving	Commission
From:	Company/Facility Name	Name & Title of your Manager	Salary
			Base
To:	Address	Type of business	Bonus
Your Title/Responsibility/ # of Direct Reports		Reason for leaving	Commission
From:	Company/Facility Name	Name & Title of your Manager	Salary
			Base
To:	Address	Type of business	Bonus
Your Title/Responsibility/ # of Direct Reports		Reason for leaving	Commission
From:	Company/Facility Name	Name & Title of your Manager	Salary
			Base
To:	Address	Type of business	Bonus
Your Title/Responsibility/ # of Direct Reports		Reason for leaving	Commission

EDUCATION

Name of School	Years Attended	Year of Graduation	Degree and Major
Grad School/ Other			
College			
High School			

Diploma
GED

Please complete both sides of this application. OVER->

Have you ever been convicted of a crime other than a traffic violation?

YES NO

If yes, please explain:

Do you have use of a car?

YES NO

Willing to
relocate

YES NO

If yes,
where?

Position
desired:

Temporary

Permanent

Consultant

Minimum salary
considered:

Location
preferred:

QUALIFICATIONS/SKILLS

GENERAL

PC Literate YES NO

Proficient YES NO

Keyboard speed: _____ wpm

Software knowledge:

MEDICAL

Last physical: / /

Do you have a uniform? YES NO

Military certified YES NO

Certified YES NO

Describe:

Expiration: / /

Other:

Foreign languages, if any, indicate
knowledge or fluency

The Guidance Corporation encompasses the following entities: Guidance Staffing, Inc., Guidance Medical Personnel, Inc. and Guidance International, Inc. Throughout this/these document(s) any reference to "The Guidance Corporation" is understood to mean any or all of these entities and their subsidiaries.

If hired on a permanent basis within the Guidance Corporation, I understand that the first ninety (90) days of my employment constitute a "Probationary Period", during which my performance will be evaluated on an ongoing basis.

I acknowledge that you have advised me that Guidance Corporation may engage an outside corporation to conduct a drug test or a criminal, credit, or education check. I also understand that reference verification may be made by you, and that this information requested may include comments on my character, job history and performance. I understand that falsification of information is grounds for immediate termination. This written authorization is required in compliance with the Fair Credit Reporting Act of 1971. My present employer will not be contacted unless I have notified them of my intention to look for new employment and have so notified Guidance Corporation. I acknowledge that I have read and may request a copy of this statement. I understand that any drug test results or criminal, credit or education information will remain confidential unless I authorize the release and/or except upon a duly authorized request from a law enforcement agency or upon receipt of a summons, subpoena or other judicial order.

I understand that the agreements signed during the application, interview and new hire process, do not constitute a contract of employment. I further understand that employment with Guidance Corporation is at will and may be terminated at any time (whether during the Probationary Period or any time thereafter) by either party, for no reason or any lawful reason.

I, the undersigned, have read and understand all of the above.

Applicant's Signature

Date



Office Use Only
 STAFFING
 MEDICAL
 INTERNATIONAL

AUTHORIZATION FOR RELEASE OF BACKGROUND INQUIRIES

Please provide the following references and **PRINT** all information:

List **three** past employers whom we may contact, by telephone or in writing, to obtain employment references:

EMPLOYMENT HISTORY	COMPANY/FACILITY NAME	MANAGER'S NAME/TITLE
Dates (most recent)		
From:		
To:	Address:	Telephone:
From:		
To:	Address:	Telephone:
From:		
To:	Address:	Telephone:

List **three** acquaintances, not related to you, whom we may contact to obtain a character reference:

NAME	ADDRESS & TELEPHONE	RELATION

AUTHORIZATION

I understand, the Guidance Corporation encompasses the following entities: Guidance Staffing, Inc., Guidance Medical Personnel, Inc. and Guidance International, Inc. Throughout this/these document(s) any reference to "The Guidance Corporation" is understood to mean any or all of these entities and their subsidiaries.

I authorize Guidance Corporation to obtain my references and background inquiries as stated above for the purpose of employment evaluation. Also, if I seek temporary employment assignments through Guidance Corporation and I do not contact Guidance Corporation, they may assume that I am not available for work. Should I desire to be permanently employed with any client where I am on a temporary assignment, I will obtain the permission of Guidance Corporation. I will never render an opinion on financial statements on behalf of Guidance Corporation, nor will I sign the name of Guidance Corporation or my name to any financial statement or tax return while on a Guidance Corporation assignment.

This authorization shall remain in effect and serves as continuing authorization for Guidance Corporation to obtain references/background inquiries at any time during my employment with Guidance Corporation.

PLEASE PRINT Last Name First Name Middle Initial

Signature: Date:

5/15/2005