

Drake Staffing Employment Application

Last Name: <u>Parra</u>		First Name: <u>Ydelisa</u>		Middle Initial: <u>A</u>
Street Address: <u>73 Avalon Way</u>		City: <u>Riverdale</u>	State: <u>GA</u>	Zip Code: <u>30274</u>
Home Phone: <u>770) 212-0742 (H)</u>		Work Phone: <u>404 404 5198846 (C)</u>	Ext.:	Work Hours: <u>8 day</u>
Alternate Local Contact Name: <u>Ines</u> Phone: <u>770) 666-1749</u>		Are you legally authorized to work in the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hourly wage required:
Job you are applying for: Give 1st and 2nd choice				Shift Preference: 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
1)				Have transportation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2)				Acceptable commuting distance:
How did you hear about Drake Staffing?		Why are you available now?		
Were you ever convicted of a felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain.				
Last day of work:		Date you can start:		Social Security Number: <u>062-68 6970</u>

Previous Employment: (Please list most recent first)

Lize Pary Fiesta		City: <u>Jonesboro</u>	State: <u>GA</u>
Employment Dates: From: <u>2012</u> To: <u>2015</u>		Company Phone: <u>678-576-0752</u>	Placed through temp service Y/N
Supervisor: <u>Olivia</u>		Hourly Pay Rate:	
Job Title: <u>Decoration</u>		Reason Left:	
Duties:			
Employment Dates: From: To:		City:	State:
Supervisor:		Company Phone:	Placed through temp service Y/N
Job Title:		Hourly Pay Rate:	
Duties:		Reason Left:	
Employment Dates: From: To:		City:	State:
Supervisor:		Company Phone:	Placed through temp service Y/N
Job Title:		Hourly Pay Rate:	
Duties:		Reason Left:	
Employment Dates: From: To:		City:	State:
Supervisor:		Company Phone:	Placed through temp service Y/N
Job Title:		Hourly Pay Rate:	
Duties:		Reason Left:	

Education	School Name	City / State	Major	Graduated
High School	Julia Espinal	Rep. Dom.		✓
Vocational				
College				
Other				

Co-Workers or Friends Seeking Other Employment

Name	Telephone Number	Type of Work

Drake Staffing

It is the intent and resolve of Drake Staffing to comply with the state and federal requirements and spirit of the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, utilization, promotion, termination, or any other personnel action, there will be no discrimination on the basis of race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or membership in the national guard, state defense or any reserve component of the military forces of the United States.

Applicant Statement of Disclosure, Authorization and Consent

I hereby declare that all statements contained in this application are true and correct and understand that false, inaccurate, or incomplete information, or omissions on the application will be basis for rejection or may be cause for subsequent termination if I am hired. I hereby authorize DRAKE STAFFING to investigate my background and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also understand and agree that I may be expected to work on a wide variety of job assignments in the Albany area and agree to accept assignments for which I am qualified as they become available. I also understand that my failure to report for work will indicate that I have quit.

I hereby authorize and give full permission to have DRAKE STAFFING and/or their company physician send a specimen of my urine and/or blood to a laboratory for screening tests for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me for interfering with my obtaining a job or continuing employment by not submitting to the tests or as a result of the report 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 a language I understand, and I have been told that, if I have any questions, they will be answered. I understand this is a legal and binding document because DRAKE STAFFING is sending me for the examinations and paying, therefore, I understand that DRAKE STAFFING may require a drug screen or alcohol test whenever an on the job accident or injury is reported in accordance with DRAKE STAFFINGS' policy and this authorization and consent.

I hereby authorize DRAKE STAFFING to examine any and all criminal records and arrests on file in the counties of the State of GA or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Yolisa Dasso
Signature

Date

2/3/16

For Office Use Only

Temp ☐ Direct ☐ Temp to Direct ☐

8 years of set-up and banquet exp.
Has a Car. Can Start asap.

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Employer ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

X Signature: Ydelisa Parra X Date: 2/3/16
X Print Name: Ydelisa Parra X Date of Birth: 01-20-65

- ☐ Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- ☐ Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW