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LAST NAME					FIRST NAME			номе рн	Ì)_		
			ST	TREET ADD	PRESS/APT #			CELL# ()			
CITY					STATE ZIP CODE		EMA	<u>Г</u> п.				
HOW D	ID YOI	U HEAR ABOUT	US?		PO	SITION DESIRED		WOULD YOU	LIKE 🏻 T	ЕМР П	TEMP TO PERM	
MONSTER,CRAIG'S, ZIPRECRUITER?				?				HOURLY EXPECTED: SALARY EXPECTED \$ \$				
				•	EMPL	OYMENT HIST	ORY					
FROM	ТО	FIRM NA	AME & AE	DDRESS		POSITION/DUTIES		REASON FOR LEAVING		SUPER	VISOR NAME &PHONE#	
			LIST	3 FORMER S		REFERENCES PEERS FAMILIAR WITH YOUR	R WORK (EX	CLUDE RELAT	IVES)			
NAME				O	CCUPATION	I	ADDRESS			TELEPHONE #		
									-			
		TANANG T				EMPORARY ASSIG			E //		Γ	
CC	MPAN	IY NAME		ADDI	RESS	CO	NTACT /	TELEPHON	E#			
					HIGHI	EST DEGREE EARN	NED					
FROM - TO				INSTITUTION				D		DEGI	DEGREE / GPA	
DO YOU HAVE A VALID DRIVERS LICENSE?			VERS	D	O YOU DRIVE?	P DO Y	DO YOU OWN A CAR?			DO YOU SPEAK ANY OTHER LANGUAGES FLUENTLY?		
refuses ending his fore	sal of yolds. If as bee I acce	work could jeo f not, this may n instructed to	pardizo jeopar prosec	e your U.I dize your cute all dis	.benefits. Als U.I. benefits. shonest acts to	job assignment. How so, you must inform t All employees are b o the full extent of th om one of Metropolit	this offic onded w e law. A	e on the las when assign Also, I agre	st day who ed to a jo e to obtain	en youi b. Oui n writt	assignment with bonding compa- en permission be-	

DATE

SIGNED

I have read and understand the above.

The Metropolitan Companies, Inc. has developed these safety rules patterned after the Federal and State OSHA requirements. Read and become familiar with these rules, and the other safety rules that apply to your job.

- 1. Report any injury to your employer / supervisor immediately.
- 2. Report any observed unsafe condition to your employer / supervisor.
- 3. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will be terminated.
- 4. If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
- 5. Appropriate clothing and footwear must be worn on the job at all times.
- 6. You should not perform any task, including operation of office machines, unless you are trained to do so and are aware of the hazards associated with that task.
- 7. Learn where fire extinguishers and first aid kits are located.
- 8. Maintain a general condition of good housekeeping in all work areas at all times.
- 9. Obey all traffic regulations when operating vehicles.
- 10. When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seatbelt shall be worn.
- 11. Be alert to hazards that could affect you and your fellow employees.
- 12. Be alert for weather related hazards such as rain, snow or ice on walking surfaces.
- 13. Always perform your assigned task in a safe and proper manner; do not take short cuts. The taking of shortcuts and the ignoring of established safety rules are the leading causes of employee injury.

I certify that I have read and understand and will abide by the above listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits. I also certify that I was given the opportunity to ask questions relating to any and all of the above listed rules and policies and that my questions were answered by a representative of the company.

Applicant's Signature	Date	_
COMMENTS	(OFFICE USE ONLY)	