



# ADVANCED RESOURCE SOLUTIONS

INNOVATIVE SOLUTIONS FOR PROJECT SUCCESS

Advanced Resource Solutions is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical, mental disability or any other status protected by law.

PERSONAL			
Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # / Cellular # ( )
Address (Number, Street, City, State and Zip code)			Business or Message # ( )
Email Address			
Position Applied For		Referred By	Salary Desired
Years of Experience		Apprenticeship	Reliable Transportation? Driver lic. NUMBER, STATE, EXP. DATE)
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Will you be able to perform safely and efficiently all the essential functions of the job(s) for which you are assigned with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

Are you subject to wage assignment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order?  Yes  No

## EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
Licenses or Certificates			



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Other Special Knowledge, Skills or Qualifications:

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

## REFERENCES

Name	Occupation	Years Known & Relationship	Telephone Number



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## GENERAL INFORMATION

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer(s) for references?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime, (excluding misdemeanors and summary offenses) which have not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you comply with the safety, work, attendance and employment policies of our organization?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees for certain positions will be required to undergo a physical exam including drug and alcohol testing to ensure that they can safely and effectively perform the job for which they are assigned. Will you take a physical examination or testing if required for pre-employment screening? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you borrow client's tools, will you take financial responsibility for lost (not broken) tools?  |

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Advanced Resource Solutions (ARS), I shall be subject to dismissal if any information that I have provided in this application is false or misleading, or if I have failed to provide any information herein requested, regardless of the time elapsed after discovery.

I authorize the ARS to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to ARS and will hold ARS and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize ARS to obtain any credit and consumer check(s).

I understand that, as part of this employment, tests may be performed to detect the presence, if any, of drugs and/or alcohol in my system. I understand that a "positive" result will lead to disciplinary action up to and including termination of employment. I also agree if I am involved in an accident during work hours, I will submit to a drug/alcohol test as selected by the Company.

I specifically authorize any physician, medical practitioner or health care facility to release the results of any drug/alcohol test to the Company or its legal representative.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with ARS is intended to create an employment contract between myself and ARS under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or ARS at any time and for any reason. I



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understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I acknowledge that I will not solicit or accept employment from ARS' client unless I have worked for a period of ninety (90) days, defined as 13 work weeks of 40 or more hours, as an ARS employee for said client. Release and gaps in employment will be taken into consideration for the ninety day period. Employees not adhering to this policy will not be eligible for rehire. Employees requesting transfer within the ninety day period shall obtain ARS' express written consent.

I, the undersigned employee, acknowledge by my signature that I have been informed that I am a leased employee of **Vensure HR, Inc.** (the Company) assigned to Advanced Resource Solutions, L.L.C. (co-employer).

I hereby acknowledge that I have read and agree to the above statements. By signing, I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Printed)



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## POLICIES AND PROCEDURES

WELCOME TO ADVANCED RESOURCE SOLUTIONS! **There is never a fee for our service. Although we cannot guarantee work, we will do our best to place you on assignments that match your skill set as quickly and as often as possible.**

ALWAYS REMEMBER:

**ADVANCED RESOURCE SOLUTIONS IS YOUR EMPLOYER!**

**Please contact us in the event of the following:**

- You are unable to begin an assignment you have accepted
- You will be late to or absent from work at any time – most job sites have ZERO tolerance for absences without notification
- You are asked to perform duties other than what was described to you for the assignment
- You are asked to work in an unsafe environment
- You must leave your work assignment due to an emergency. (In case of an emergency your family members should be instructed to call Advanced Resource Solutions should they need to contact you.)
- You move addresses or change your name – this affects pay check and tax reporting delivery
- You must submit a written letter to terminate employment with ARS accompanied by a signed (approved) timesheet
- You complete an assignment and are available for work. You MUST submit to ARS a final timesheet when released from an assignment. Failure to submit a final timesheet may delay payroll processing

## RULES OF CONDUCT

The following are examples of inappropriate and unacceptable conduct, which are grounds for immediate TERMINATION:

- Falsifying your application;
- Failing to report to work without notifying our office (NO CALL/NO SHOW);
- Walking off an assignment without notifying our office;
- Removing company materials or theft of any kind;
- Fighting;
- Safety violations;
- Reporting to work under the influence of alcohol or non prescription drugs and/or consuming or distributing drugs or alcohol while on the job;
- Insubordination;
- Restricting or impeding production;
- Sexual harassment.



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## TIMESHEETS AND APPROVAL

Your paycheck will be processed WEEKLY.

Pay period is FRIDAY – THURSDAY with overtime accrued after 40 hours worked. APPROVED (signed by the foreman or responsible party) timesheets are required for submittal to ARS no later than Monday mornings at 12:00pm (NOON) MST. Our pay period may be modified to accommodate client pay periods. The overtime policy adheres to state and local guidelines.

Daily hours MUST be documented. Lunch periods MUST be deducted.

**EXAMPLE:** If your lunch period is 1 hour and you work 9pm – 7am, then your hours will be 9 HOURS. If your lunch period is ½ hour and you work 9pm – 7am, then your hours will be 9.5 HOURS.

Please be sure to pay particular attention to the payroll week ending dates.

### CLIENT:

ARS will provide a weekly STAFF list to facilitate obtaining timesheet approval and submission. Approved timesheets can be either emailed to: [ars@advresourcesolutions.com](mailto:ars@advresourcesolutions.com) or faxed to: 520 615 7692 or called in to our office at: 800 314 9346.

### EMPLOYEE:

**THERE ARE TIMESHEETS INCLUDED IN THIS PACKET. COMPLETE THE ONE THAT HAS THE APPROPRIATE PAYPERIOD END DATE THAT CORRESPONDS TO YOU JOB.** You must submit your time to ARS via phone (800) 314 9346, fax (520) 615 7692 or text. We must have: Date worked & Hours. We will be getting CLIENT approval prior to payroll processing. Therefore, we need your help in getting your hours to us as soon as possible to prevent direct deposit and payroll delays.

We will deduct only those taxes required by law.

Time will be kept by your onsite supervisor and turned in to Advanced Resource Solutions. An Advanced Resource Solutions representative will assist you in getting resolution to any pay disputes or for any time missing from the time sheets. Employees shall maintain their own time records for reconciliation in the event of disputed hours with supervisor signed approval, if available.



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## \$\$\$ PAYDAY \$\$\$

Paychecks delivered to the jobsite will be distributed by the onsite supervisor on the same day that the company's regular employees are paid. Employees may elect to have their pay direct deposited or mailed home or mailed to jobsite motel, depending on individual situations.

## EMPLOYEE RESPONSIBILITIES REGARDING ON THE JOB INJURIES / ACCIDENTS

- **Immediately report all injuries/accidents, no matter how slight, to your on-site supervisor. Waiting until your next shift is not an acceptable practice. Report injuries and accidents to ARS Safety Coordinator: Logan Christensen 800 314 9346.**
- If you need to see a doctor, complete the "worker" portion of the Workers' Compensation Claim Form 801. If you need assistance with the form, contact your supervisor. He/she will assist you in completing this form and can provide you with a temporary light/modified duty packet if your injury prevents you from returning to work.
- Bring the temporary light / modified duty packet with you to each physician visit. Should your physician authorize time-loss, there is a minimum of three (3) days before time-loss benefits will begin. To avoid loss of wages, inform your doctor that temporary light/modified duty is available and have him/her complete the Release to Return to Work Form.
- Immediately (within 24 hours) report your physician's findings to your supervisor. A Release to Return to Work Form should be completed at the time of each physician visit and returned to your supervisor.
- You must report to your next scheduled shift once the doctor releases you to work (part time, light, modified, or regular).

## FORMS AND PAPERWORK

**ARS will not be held liable for payments resulting from job related injuries until all paperwork has been completed and received in the ARS office by fax, mail or E-mail. The date of coverage begins when the completed paperwork packet has been received by ARS along with legible identification.**

**Non submission of the paperwork package will result in the worker's classification as independent contractor whereby a 1099-misc. form will be distributed at the years end.**

I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Advanced Resource Solutions  
Confidential when completed

E-MAIL: [ARS@ADVRESOURCESOLUTIONS.COM](mailto:ARS@ADVRESOURCESOLUTIONS.COM)

FAX: 520 615 7692 APP Rev J; P & P Rev I; DD Rev B

CALL TO REPORT SAFETY ISSUES OR FOR QUESTIONS

TOLL FREE: (800) 314 9346

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## Direct Deposit Form

We are pleased to offer you direct deposit. Now you can have your paycheck automatically deposited in your checking or savings account on payday, and you don't have to change your present banking relationship to take advantage of this service.

Here's how direct deposit works: Once your direct deposit has been entered into our system, your account goes into a pre-note status, to verify we have the correct account number set up. This typically takes 5 business days. Once verified successfully, your direct deposit becomes active.

On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will be already have been deposited in your account(s). The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your net pay automatically deposited for you. Direct deposit is a safe, convenient and easy.

All you need to do is: 1. Mark the box next to next to account to indicate whether your net pay will be deposited in your checking or savings account. 2. Fill in your name, address, city, state, phone, email: the name of your financial institution; Bank Account; Bank routing number; Percentage of direct deposit, Sign with today's date. 3. Attach a voided check for verification of the financial institution information. **If you are unable to obtain a voided check, have the bank submit a letter on their letterhead illustrating your full name, bank name, bank account and bank routing number and whether it's a checking or saving account.**

CO EMPLOYER: ADVANCED RESOURCE SOLUTIONS

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Action Requested:  Start Direct Deposit  STOP Direct Deposit  
 Change (add/delete a bank, increase/decrease fixed amount or select a new bank account)

YOUR BANK NAME: \_\_\_\_\_

YOUR BANK ACCOUNT #: \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS

BANK ROUTING #: | : \_\_\_\_\_ | :

(9 CHARACTERS AT BOTTOM OF YOUR CHECK BETWEEN ABOVE SYMBOLS)





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Effective date:  As Soon As Possible  Future Pay Date: \_\_/\_\_/\_\_

Deposit any  
balance of net  
pay to this

Check only ONE Box

account  Full Deposit

Fixed  
amount

\$

or Percentage\*

%

\* attach one sheet per bank account(s) regarding deposit percentages. Attach a voided check for verification of the financial institution information. If you are unable to obtain a voided check, have the bank submit a letter on their letterhead illustrating your full name, bank name, bank account and bank routing number and whether it is a checking or saving account.

I authorize Vensure or ARS to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Vensure or ARS to direct the financial institution(s) to return the funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that Vensure or ARS assumes NO liability for overdrafts for any reason. I understand that in the event my financial institutions(s) is/are not able to deposit any electronic transfer into my account due to any action I take, Vensure nor ARS cannot issue funds to me until the funds are returned to Vensure or ARS by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Vensure and ARS; or c) 120 days after my last paycheck was issued.

I understand I must IMMEDIATELY notify ARS/Vensure before I close any/all account(s) listed above while this authorization is in effect. I also understand I will be charged for any fees incurred due to any closed or invalid accounts.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

**PLEASE ATTACH A VOIDED CHECK.**

The Automated Clearing House (ACH) division of the Federal Reserve Bank says electronic funds transfer (EFT) is by far safer and more secure than writing a check. EFT is tracked and governed by the ACH. It is transmitted in an encrypted form while a check passes through an average of 11 people who have access to all of your bank account and personal information.

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