



## **“3 STEP” APPLICATION PROCESS**

First and foremost, we want to thank you for choosing to apply with Manpower! We hope that our business relationship is a long and mutually beneficial one. **Second, there are 3 important steps in our application process that you must complete in order to become a successful associate with Manpower, Inc. of Southeastern Michigan:**

**1. please create a My Manpower Account at [www.manpowerjobs.com](http://www.manpowerjobs.com) to start the process.** You need to register with our franchise (Ann Arbor or Monroe) in order to receive job postings and to access all of your online benefits. Detailed instructions on how to register online can be accessed from our website’s home page ([www.manpowermi.com](http://www.manpowermi.com)) by clicking the quick link titled “My Manpower Account Instructions”. If you don’t have regular access to a computer with internet access, no problem. Just call us! You can register online at our office.

**2. please contact one of our Staffing Specialists at the appropriate location (734.665.3757 in Ann Arbor or 734.241.2040 in Monroe) for our “pre-screening” process.** You will be asked a variety of questions in preparation for your in-office interview.

**3. please bring the following documents with you to your in-office interview:**

- **“Application Packet” Forms** - also available via the quick link “Get Important Manpower Forms” on the [www.manpowermi.com](http://www.manpowermi.com) homepage, all interested candidates are required to fill out each of the forms that follow this page. In order to expedite the in-office application process, you can print off the forms, complete them at home and bring them with you to the interview;
- **Right to Work Identification** - a US citizen can provide a government issued photo ID and one of the following: an original social security card, a birth certificate or US passport. A non-US citizen can provide photo identification PLUS work authorization documentation, a Permanent Residency card or something similar. Information on the types of documents required can be found online at: [www.uscis.gov/files/form/i-9.pdf](http://www.uscis.gov/files/form/i-9.pdf);
- **Professional References** - We check references from past employment. Please be sure that the individuals you list as references will be able to give us feedback on your job performance, not just dates of employment. Please also be sure to include names, titles, phone numbers and email addresses in your list of references;
- **Banking Information** (optional) - We offer direct deposit for payroll. Please bring your banking information (i.e., voided check, deposit slip, etc.) if you are interested.
- **Resume** (if you have one)

Please note that upon acceptance of a job through Manpower, you will also need to successfully pass a drug screen and criminal background check.

We look forward to meeting with you. Please feel free to contact us with any questions or concerns that you have. Thank you!



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## Required Government Forms: Application Packet

FOR YOUR CONVENIENCE, this page lists the government forms that are required as part of your Manpower Application Packet. *You must fill out and submit the following three forms as part of the application process:*

1. **Form I-9, Employment Eligibility Verification**  
**Department of Homeland Security, U.S. Citizenship and Immigration Service**  
Please click on the following link below to access, fill out and print the I-9 Form that is required as part of your application: <http://www.uscis.gov/files/form/i-9.pdf>
2. **Form W-4, Employee's Withholding Allowance Certificate**  
**United States Internal Revenue Service**  
Please click on the following link below to access, fill out and print the W-4 Form that is required as part of your application: <http://www.irs.gov/pub/irs-pdf/fw4.pdf>
3. **Form MI-W4, Employee's Michigan Withholding Exemption Certificate**  
**State of Michigan, Department of Treasury**  
Please click on the following link below to access, fill out and print the MI-W4 Form that is required as part of your application: [http://www.michigan.gov/documents/mw4f\\_76761\\_7.pdf](http://www.michigan.gov/documents/mw4f_76761_7.pdf)

### If you live in Ohio..

You will need the following form to replace #3 (above):

- **Form IT-4, Employee's Withholding Exemption Certificate**  
**State of Ohio, Department of Taxation**  
Please click on the following link below to access, fill out and print the IT-4 Form that is required as part of your application: [http://www.tax.ohio.gov/documents/forms/employer\\_withholding/Generic/WTH\\_IT4.pdf](http://www.tax.ohio.gov/documents/forms/employer_withholding/Generic/WTH_IT4.pdf)

### If you live in Connecticut..

You will need the following form to replace #3 (above):

- **Form CT-4, Employee's Withholding Certificate**  
**State of Connecticut, Department of Revenue Services**  
Please click on the following link below to access, fill out and print the CT-4 Form that is required as part of your application: [http://www.ct.gov/drs/lib/drs/fillable\\_forms/2010forms/form\\_ct-w4.pdf](http://www.ct.gov/drs/lib/drs/fillable_forms/2010forms/form_ct-w4.pdf)



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# Reference Request: Phone

I authorize my past employer to furnish Manpower with the information requested on this form.

Applicant Name: \_\_\_\_\_ SSN# (last 4 digits): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ has applied for assignments through Manpower and has given you as a reference. We would appreciate your verifying the information given to us along with answering some general questions in regard to his/her employment with you. We assure you that any information you supply will be held in the strictest confidence.

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you re-employ? \_\_\_\_\_

	Excellent	Very Good	Good	Fair	Poor
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

*Thank you for helping us provide the very best associates to our clients!*

Manpower Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(input in PowerBase (Date \_\_\_\_\_ Initials \_\_\_\_\_))



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# High School Education/Immunization Verification

Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 Digits of Your Social Security #: \_\_\_\_\_

*Manpower Inc. of Southeastern Michigan will not sell, rent or share this information in any way with any other entity except those that you list below. This information will be used solely for an education/immunization verification.*

PLEASE PRINT CLEARLY

**FOR APPLICANT:** Where did you receive your High School Diploma or your GED?

School Name		Phone #	
School Address	City	State	Zip
Years Attended/Year Graduated	Degree	Fax #	

*I, the undersigned, do hereby authorize Manpower, Inc. of Southeastern Michigan - and/or their selected agencies - to conduct an education and immunization verification check by name and identifiers to determine the existence of any such records and furnish a response to Manpower, Inc. of Southeastern Michigan.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY:** Please fill out all appropriate information.

School Name		Date Diploma or GED Granted
This Form Completed by	Title	Today's Date
Immunizations <p style="text-align: center;"><b>PLEASE FAX ALL PROOFS TO: 734-665-4377</b></p>		



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# Higher Education Verification

Applicant Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School City/State: \_\_\_\_\_ Years Attended: \_\_\_\_\_

*I, the undersigned, do hereby authorize Manpower, Inc. of Southeastern Michigan - and/or their selected agencies - to conduct an education and immunization verification check by name and identifiers to determine the existence of any such records and furnish a response to Manpower, Inc. of Southeastern Michigan.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY:** Please fill out all appropriate information.

The person listed above has applied for assignments through Manpower, Inc. of SE Michigan and has authorized your institution to provide us with the information requested below. We assure you that any information you supply will be held in the strictest confidence. Thank you for your assistance.

Years Attended: \_\_\_\_\_

Degree(s) Granted and Date(s): \_\_\_\_\_

Major(s): \_\_\_\_\_

Certification(s): \_\_\_\_\_

License(s): \_\_\_\_\_

Comments: \_\_\_\_\_

Your Name and Title (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_

Manpower Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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# Notification and Release

1. The information contained in my application for employment with Manpower is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement by me in connection with the application or any related documents which is deemed material by Manpower shall result in Manpower's not employing me or, if employed, terminating my employment.
2. I understand and agree that all information furnished in my application and all attachments may be verified by Manpower or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Manpower all information relative to such verification and hereby release such individuals, organizations, and Manpower from any and all liability for any claim or damage resulting therefrom.
3. I hereby acknowledge that I have been informed by Manpower that Manpower may seek to obtain a consumer report and/or investigative report that will include personal information regarding me including but not limited to educational history, work references, and criminal convictions or arrest records if allowed, in order to assist Manpower in making certain employment decisions. I further acknowledge notification by Manpower that reports may be provided to Manpower by other firms subcontracted for that purpose.
4. I understand that this document serves as separate disclosure and authorization prior to obtaining a background check from a consumer reporting agency, according to Public Law 91-508 (Fair Credit Reporting Act). Furthermore, I understand that I will be notified in writing if The Company makes an adverse employment decision based on information contained in my background check from a CRA.
5. I understand that if I am assigned to a customer contingent upon the results of my background checks, my assignment may be ended by Manpower if the results do not meet the customer's requirements.
6. I, my heirs, assigns and legal representatives, hereby release and fully discharge Manpower, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against Manpower, its parent or affiliates arising out of the making, or use of, either a consumer report and/or investigative report.

**List all legal names that you have used during the last seven (7) years starting with your current name and including married, maiden, and aliases:**

Legal Name (First, Middle, Last)	Date(s) Used
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Date of Birth (month/day/year): \_\_\_\_\_ SSN#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Male             | <input type="checkbox"/> Female         |  |
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander   |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Hispanic       | <input type="checkbox"/> Native American <span style="float: right;"><input type="checkbox"/> Other</span> |

# Notification and Release (concluded)

List all addresses that you have used during the last seven (7) years starting with your current one:

**Address** **Dates Resided (month/year)**

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

Street Address (inc. Apt.#): \_\_\_\_\_ From: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

*(use a separate page for additional addresses)*

**APPLICANT NAME** (please print): \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Employer/Associate Agreement

1. I understand and agree that upon completion of every assignment and any shut-down or holiday closings that last more than seven days, I will notify Manpower, Inc of Southeastern Michigan (Manpower) in person or by telephone that I have completed said assignment. I further understand and agree that I must make that call within seven (7) days after completion of the assignment and that should I fail to make such contact, Manpower will consider me not available for work and to have voluntarily quit. I will also be required to contact Manpower by telephone at least once per week to be considered able and available for work. In addition, I understand that failure to contact Manpower as agreed, may affect my eligibility for unemployment benefits.
2. I understand and agree that I am responsible for submitting, in a timely manner, a complete, authorized, and valid time report for work completed. I understand that Manpower will not process time reports that are incomplete or do not include a valid customer authorization. I further understand and agree that submission of an invalid time report will be considered fraud and will result in my immediate termination.
3. I understand and agree that sleeping on the job is considered a safety hazard and is grounds for immediate termination.
4. I understand that I will be given safety rules, policies and guidelines while on assignment for Manpower. I agree to abide by any safety regulations communicated to me and I understand that violating these rules could endanger others or me. I also understand that if I do not abide by these rules, my employment may be terminated.
5. I understand and agree that while on temporary assignment, I will comply with the rules and regulations of the company to which I am assigned and that failure to do so will result in my termination.
6. I understand and agree that Manpower is strictly a temporary employer and that we neither offer, nor guarantee, permanent employment.
7. I understand and agree that Manpower may terminate any assignment or my employment, at any time, for any reason, with or without notice, with or without cause, and that no oral statement will alter this condition of my employment with Manpower. I understand and agree that this paragraph (7) of this Agreement supersedes any inconsistent written or oral statement or statements not contained in a written agreement signed by the President, and myself which specifically references this Agreement.
8. The associate named below understands and agrees that with the above conditions of employment with Manpower. The associate states that s/he has signed this agreement freely, voluntarily, and fully understands its contents. The associate understands that any infraction of the above conditions of employment may result in Manpower exercising its prerogative to terminate the associate's assignment and/or employment, with or without cause and with or without notice, at any time, for any reason.

Associate Name (please print): \_\_\_\_\_ SSN#: \_\_\_\_\_

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(a copy of the signed document will be provided upon request)*



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# Medical Examinations/Tests and Drug & Alcohol Use/Abuse Testing

## I STATEMENT OF MANPOWER POLICY

Manpower, Inc. of Southeastern Michigan (the “Company”) prohibits associates from being under the influence or in possession of alcohol or any other drug (except as legally prescribed by a physician so long as the performance or safety of the work is not affected thereby). Any associate found to be in violation of this policy shall be removed from the assignment and terminated from employment with Manpower. Manpower does not want to employ any person who uses illegal drugs or abuses alcohol.

All Manpower applicants and associates are subject to testing for drug and/or alcohol use or abuse and must comply with this policy. Manpower and/or its customers may require that applicants or associates be tested prior to beginning employment, starting an assignment, or during employment or an assignment. Manpower associates are subject to testing on a random basis or in the event their behavior suggests the use or abuse of drugs or alcohol or in the event of an accident. Manpower, or its customers, may require testing at any time, at its or their sole discretion.

All Manpower applicants and associates are also subject to medical examinations and testing as Manpower and/or any Manpower customer may determine from time to time. Manpower and its customers will exercise this discretion for job-related purposes and in accordance with applicable law. All Manpower applicants and associates, as a condition of employment and/or continued employment must agree to participate in medical examinations and medical testing which Manpower and/or any Manpower customer determines is necessary or appropriate including, but not limited to, basic medical physical examinations, DOT physical examinations, vision tests (eye chart), chest x-rays, hearing tests, spirometry (pulmonary function test), respirator physical, immunizations, and PPD/TB (clinical read), and blood testing relating to blood-borne pathogen exposure (the “Medical Test or Tests”).

Associates are personally responsible for the costs of the Medical Tests in the sole discretion of Manpower and further responsible for the reimbursement of all other testing costs in the event employment does not continue for 30 days after such testing.

## II. ASSOCIATE ACKNOWLEDGMENT

I agree and consent to participate in the Policy written above, and waive any and all rights including privacy and physician/patient privilege, and understand and agree that I will not be employed or my employment will be terminated if I refuse to participate, be in violation of said Policy or should test results be positive, have a “low urine creatinine” or if the temperature of the urine specimen provided is below normal values, as determined in Manpower’s sole discretion.

I further agree and consent to participate in any Medical Tests, as determined solely by the Company and/or any of the Company’s customers, and give my consent for the release of any test results and any other medical information regarding the Medical Tests to Manpower or its customers, and waive any and all rights including privacy and physician/patient privilege, and understand and agree that I will not be employed or my employment may be terminated if I refuse to participate in any Medical Test. Furthermore, I authorize and request that any costs for the testing as required by said policy shall be deducted from my last paycheck in the event of the my employment termination.

I hereby understand and agree to the terms of the Manpower Policy written above. I release and hold Manpower’s medical facilities, its laboratories, or its medical review officers harmless for their parts in the administration of this Policy and for their release of any related information to Manpower and Customers consistent with this Policy. I also release and hold harmless the Company, customers and their directors, officers, stockholders and associates for their parts in the administration of this Policy and for their use of the information described above for the purposes described above.

Associate Name (please print): \_\_\_\_\_ SSN#: \_\_\_\_\_

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# **Policies for Manpower Associates: Attendance, IT Resources, Cell Phones, Customer Property & Zero Tolerance on Workplace Violence**

## **ATTENDANCE POLICY FOR MANPOWER ASSOCIATES**

I understand and agree that I must contact Manpower prior to my scheduled start time if I am unable to report for work and/or if I will arrive late. I also agree that I will contact the Manpower office prior to my shift, should I need to leave early. In the event that I would need time off from my scheduled assignment, I also agree to give Manpower as much notice as possible.

I further understand and agree that Manpower allows no more than two (2) unexcused absences/or incomplete shifts within any thirty (30) day period. All incidents, including pre-scheduled incidents, are considered unexcused unless documentation is approved by a manager. Documentation must be submitted prior to each pre-scheduled incident and within 24 hours of any unplanned incident(s) to be considered.

I understand and agree that violation of this policy will lead to disciplinary action, up to and including termination.

## **POLICY FOR THE USE OF INFORMATION TECHNOLOGY RESOURCES**

The following is the policy for Manpower Associates regarding the use of Information Technology Resources, which includes but is not limited to computers, workstations, printers, copy machines, USB devices, internet access, facsimile (fax) machines, and telephones.

Manpower associates may be assigned to customer locations and have access to information technology (IT) resources for job-related tasks. Use of the equipment for activities besides the work contracted for (including, but not limited to personal use) is not allowed unless written approval from the customer is obtained and provided to the Manpower office. Duplication or transfer of software packages and/or associated documentation to any other individual or facility is strictly prohibited. Each user who has the use of said resources is responsible for ensuring its proper use. Data stored or transmitted is company property.

I have read Manpower's Policy for the Use of Information Technology Resources; I hereby understand and agree to abide by them recognizing that my use of these resources may be monitored and accessed by the company. I understand that unauthorized use of Information Technology Resources will result in immediate termination of my employment.

## **POLICY FOR THE USE OF CELL PHONES WHILE ON ASSIGNMENT**

The use of a personal cell phone or other personal electronic device while on assignment may present a hazard or distraction to the Associate and/or co-workers. This policy is meant to ensure that cell phone and/or personal electronic device use while at work is both safe and does not disrupt business operations.

Unless prior written authorization is obtained from the customer and provided to the Manpower office, Associates may only use personal cell phones during breaks or lunches. In addition to telephone service, many cellular providers offer a host of additional functions and/or services, including but not limited to text messaging, MP3, and digital photography. Associates are strictly prohibited from using any of these services while on assignment without proper written authorization. To the extent properly authorized or as the circumstances may warrant, use of said services should be limited to breaks and/or lunch periods. In case of an emergency, the Manpower office should be contacted and a message will be forwarded to the Associate via the assignment supervisor.

I understand and agree that violation of this policy will lead to disciplinary action, up to and including termination.

# **Policies for Manpower Associates... (concluded)**

## **POLICY FOR MANPOWER AND/OR CUSTOMER PROPERTY**

I understand and agree that any key(s), ID badge(s), uniform(s), pager(s), safety equipment or any Manpower or Customer property issued to me for use while on assignment is to be returned no later than 5:00 pm on the Monday following my assignment termination.

I further understand that if I fail to return said property, I hereby authorize Manpower to deduct monies for the cost of said property from my payroll check. I also understand that I must complete ninety (90) days on an assignment for which personalized safety equipment is issued and paid for by Manpower. Furthermore, I understand and agree that should I fail to complete the ninety (90) days, that I will be responsible for the costs incurred by Manpower and, therefore, authorize Manpower to deduct any costs for said safety equipment or any other Manpower or Customer property that is in my possession and remains in my possession subsequent to my assignment termination and that any monies owed subsequent to the payroll deduction is my sole responsibility and will be paid to Manpower immediately.

## **ZERO TOLERANCE POLICY ON WORKPLACE VIOLENCE**

Manpower has adopted a Zero Tolerance Policy on workplace violence, consistent with what has always been our goal of providing a safe workplace and recognizing that workplace violence is a growing nationwide problem that needs to be addressed by all employers.

Consistent with this policy, acts or threats of physical violence, including intimidation, harassment and/or coercion that involve or affect Manpower or its customers or Manpower or customer employees and that occur on Manpower or customer property or elsewhere when in connection with employment with Manpower will not be tolerated.

Specific examples of conduct that may be considered threats or acts of violence include, but are not limited to, the following:

- Hitting or shoving an individual,
- Threatening harm to an individual or his/her family, friends or associates,
- The intentional damage or destruction of or threat of damage or destruction to property,
- Harassing or threatening phone calls, emails or text messages,
- Harassing surveillance or stalking,
- The suggestion or intimidation that violence is appropriate.

### **Possession or use of firearms or weapons**

Manpower will not tolerate possession or use of firearms or weapons under any circumstances on Manpower or Customer property or elsewhere in connection with employment with Manpower. Every Manpower associate is encouraged to report threats or acts of physical violence. The report may be made to any Manpower supervisor.

Violation of this policy will lead to termination and/or legal action as appropriate.

***I have read and agree to all Manpower's policies as stated in this form.***

Associate Name (please print): \_\_\_\_\_ SSN#: \_\_\_\_\_

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(a signed copy of this document will be provided upon request)*