

C₂ Portfolio, Inc.

NEW EMPLOYEE RECORD SHEET

(Not to be used as Employment Application form)

PERSONAL DATA

Name: _____ Social Security Number: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. Home: _____ Telephone No. Business: _____

Previous Address: _____
Street City State Zip/PC

Driver's License No.: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Telephone No. Home: _____ Telephone No. Business: _____

Date of Hire: _____ Full Time Part Time Job Title: _____

Do you desire medical/dental benefits? Yes No

Are you able to perform the duties of this job with or without reasonable accommodation? Yes No

If accommodations are needed, please describe _____

Please list previous employers and the period of employment below.

Employer _____ From ____/____ to ____/____ Job Title _____
Mo. Yr. Mo. Yr.

Employer _____ From ____/____ to ____/____ Job Title _____
Mo. Yr. Mo. Yr.

Employer _____ From ____/____ to ____/____ Job Title _____
Mo. Yr. Mo. Yr.

Employer _____ From ____/____ to ____/____ Job Title _____
Mo. Yr. Mo. Yr.

Have you ever had an on the job injury or work related illness? Yes No If yes, please explain _____

(If it is necessary, please continue your explanation on the back of this form.)

Have you ever been denied bond? Yes No If yes, please explain _____

(If it is necessary, please continue your explanation on the back of this form.)

Are you a veteran? Yes No Active in Reserves Yes No

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information on this form is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal. I agree that all statements made on this form may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. All claims, disputes and controversies between and among employees and any employee and employer, co-employer or any other person shall be exclusively and finally settled through the Dispute Resolution Procedure printed on the reverse side of this document.

Signature: _____ Date: _____

OFFICE USE ONLY

Client Name: _____ Insurance Eligibility Date _____

Insurance Payment Information: _____

Original Hire Date _____ REMCO Hire Date _____ Termination Date _____