Employer Solutions Staffing Group LLC

New Hire Application

7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name _____ **First Name** _____ **Middle Initial** _____

Street Address _____

City/State/Zip _____

Home Phone _____ **Cell / Message Phone** _____

Company/Employer _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? ☐ YES ☐ NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Name (Print or type)	Applicant's Signature	Date
_____	_____	_____

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
DOH _____	**NHW** _____	**I-9** _____	**8850** _____	**W4** _____
Emergency Contact Info _____	**Background Release Form** _____	**Background Results** _____	**5 Day Letter (If applicable)** _____	**ESC Application** _____