



# EMPLOYMENT APPLICATION

Temporary, temp-to-hire and direct-hire opportunities

Huff Consulting LLC is an equal opportunity employer. Please answer only the questions requested. Do not provide medical information, Social Security numbers, banking information, or Form I-9 documents on this application.

## 1. Applicant Information

|                                                                                                               |              |                        |                 |
|---------------------------------------------------------------------------------------------------------------|--------------|------------------------|-----------------|
| Legal name: _____                                                                                             |              | Preferred name: _____  |                 |
| Street address: _____                                                                                         |              |                        | Apt/Unit: _____ |
| City: _____                                                                                                   | State: _____ | ZIP: _____             | County: _____   |
| Mobile phone: _____                                                                                           |              | Email: _____           |                 |
| Preferred contact: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email |              | Referral source: _____ |                 |

## 2. Job Preferences and Availability

|                                                                                                                                                                                                                            |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Position(s) or work type requested: _____                                                                                                                                                                                  |                                                                                       |
| Available start date: _____                                                                                                                                                                                                | Desired pay: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> year |
| Employment type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Temp-to-hire <input type="checkbox"/> Direct hire                       |                                                                                       |
| Shift availability: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend <input type="checkbox"/> Rotating <input type="checkbox"/> Overtime            |                                                                                       |
| Days available: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |                                                                                       |
| Reliable transportation to assigned worksites? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                    | Maximum commute: _____ miles / _____ minutes                                          |

Are you at least 18 years old? ☐ Yes ☐ No

*If no, employment may be subject to applicable youth-employment requirements and position restrictions.*

Can you perform the essential functions of the position for which you are being considered, with or without reasonable accommodation? ☐ Yes ☐ No

*Do not identify a disability or medical condition on this form. Applicants may request a reasonable accommodation during the application or hiring process by contacting Huff Consulting.*

Have you previously worked for or applied through Huff Consulting? ☐ Yes ☐ No

If yes, provide approximate date and assignment/client, if known: \_\_\_\_\_

Will you require employer sponsorship now or in the future to work in the United States? ☐ Yes ☐ No

*In compliance with federal law, every person hired must verify identity and employment eligibility and complete the required employment eligibility verification process after accepting employment.*

## 3. Work Experience

List your most recent employer first. Include military, apprenticeship, contract, temporary, volunteer, or self-employment experience when relevant. Attach a resume if preferred.

### Employer 1

|                                                              |                 |                                                                                        |                      |
|--------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------|----------------------|
| Company: _____                                               |                 | City/State: _____                                                                      |                      |
| Job title: _____                                             |                 | Supervisor: _____                                                                      |                      |
| Start date: _____                                            | End date: _____ | Starting pay: \$ _____                                                                 | Ending pay: \$ _____ |
| Primary duties, machines, software, or equipment used: _____ |                 |                                                                                        |                      |
| Reason for leaving: _____                                    |                 |                                                                                        |                      |
| Employer phone/email, if known: _____                        |                 | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |

### Employer 2

|                                                              |                 |                                                                                        |                      |
|--------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------|----------------------|
| Company: _____                                               |                 | City/State: _____                                                                      |                      |
| Job title: _____                                             |                 | Supervisor: _____                                                                      |                      |
| Start date: _____                                            | End date: _____ | Starting pay: \$ _____                                                                 | Ending pay: \$ _____ |
| Primary duties, machines, software, or equipment used: _____ |                 |                                                                                        |                      |
| Reason for leaving: _____                                    |                 |                                                                                        |                      |
| Employer phone/email, if known: _____                        |                 | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |

### Employer 3

|                                                              |                 |                                                                                        |                      |
|--------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------|----------------------|
| Company: _____                                               |                 | City/State: _____                                                                      |                      |
| Job title: _____                                             |                 | Supervisor: _____                                                                      |                      |
| Start date: _____                                            | End date: _____ | Starting pay: \$ _____                                                                 | Ending pay: \$ _____ |
| Primary duties, machines, software, or equipment used: _____ |                 |                                                                                        |                      |
| Reason for leaving: _____                                    |                 |                                                                                        |                      |
| Employer phone/email, if known: _____                        |                 | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |

## 4. Skills, Licenses and Certifications

Mark all that apply and provide years of experience where relevant.

|                                                                  |                                                        |                                                           |
|------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Manufacturing / production _____ years  | <input type="checkbox"/> Warehouse _____ years         | <input type="checkbox"/> Assembly _____ years             |
| <input type="checkbox"/> Machine operation _____ years           | <input type="checkbox"/> Plastic extrusion _____ years | <input type="checkbox"/> Forklift _____ years             |
| <input type="checkbox"/> Heavy equipment _____ years             | <input type="checkbox"/> Excavator _____ years         | <input type="checkbox"/> Construction _____ years         |
| <input type="checkbox"/> Maintenance _____ years                 | <input type="checkbox"/> Welding _____ years           | <input type="checkbox"/> Electrical _____ years           |
| <input type="checkbox"/> CDL: Class _____ State _____ Exp. _____ | <input type="checkbox"/> Valid driver license          | <input type="checkbox"/> OSHA card / safety certification |
| <input type="checkbox"/> Healthcare certification: _____         | <input type="checkbox"/> Administrative / clerical     | <input type="checkbox"/> Accounting / bookkeeping         |
| <input type="checkbox"/> Computer/software: _____                | <input type="checkbox"/> Other: _____                  |                                                           |

Certification or license details and expiration dates: \_\_\_\_\_

## 5. Education and Training

| School or program | City/State | Diploma, degree, credential or training completed |
|-------------------|------------|---------------------------------------------------|
| _____             | _____      | _____                                             |
| _____             | _____      | _____                                             |
| _____             | _____      | _____                                             |



### 6. Applicant Certification and Communication Consent

I certify that the information I provided is true and complete to the best of my knowledge. I understand that materially false or misleading information or material omissions may disqualify me from consideration or may result in termination of employment if discovered after hire.

I authorize Huff Consulting to contact the employers and references I identified as permitted above for employment-verification purposes. I understand that any consumer report or third-party background screening will require a separate disclosure and authorization.

I understand that completing this application does not guarantee an interview, assignment, offer, minimum number of hours, or length of employment. Unless a written agreement signed by an authorized Huff Consulting representative states otherwise, any employment relationship is at will and may be ended by either party at any time, subject to applicable law.

I consent to receive employment-related calls, texts, and emails at the contact information I provided, including application updates, interview notices, assignment information, schedule changes, and onboarding reminders. Standard message and data rates may apply. I may request a different communication method by contacting Huff Consulting.

By signing electronically or by hand, I agree that my signature has the same effect as a handwritten signature and that I may request a paper copy.

|                            |                       |
|----------------------------|-----------------------|
| Applicant Signature: _____ | Date: _____           |
| Printed Legal Name: _____  | Application ID: _____ |

### 7. Huff Consulting Staff Use Only

Do not place Social Security numbers, banking information, Form I-9 documents, tax forms, medical details, drug-test results, or full background reports in this section.

|                                                                                                                                                                                                                          |                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| Date received: _____                                                                                                                                                                                                     | Recruiter/owner: _____ | Candidate ID: _____ |
| Initial status: <input type="checkbox"/> New <input type="checkbox"/> Review <input type="checkbox"/> Contacted <input type="checkbox"/> Qualified <input type="checkbox"/> Onboarding <input type="checkbox"/> Inactive |                        |                     |
| Potential job/client matches: _____                                                                                                                                                                                      |                        |                     |
| Key skills/experience summary: _____                                                                                                                                                                                     |                        |                     |
| Follow-up needed: <input type="checkbox"/> Resume <input type="checkbox"/> Certification <input type="checkbox"/> Interview <input type="checkbox"/> Background authorization <input type="checkbox"/> Other: _____      |                        |                     |
| Staff notes: _____                                                                                                                                                                                                       |                        |                     |

# HUFF CONSULTING LLC

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Huff Consulting LLC may obtain a consumer report about you for employment purposes. The report may include information about your criminal history, employment history, education, driving record, professional licenses, and other background information permitted by law and relevant to the position or assignment.

A consumer report is a background report prepared by a consumer reporting agency. Information obtained may be used in connection with decisions concerning hiring, placement, assignment, retention, promotion, reassignment, or continued employment.

If an investigative consumer report is requested, it may include information obtained through personal interviews concerning your character, general reputation, personal characteristics, or mode of living. You may request additional information about the nature and scope of an investigative consumer report.

### AUTHORIZATION

I authorize Huff Consulting LLC to obtain the consumer report or investigative consumer report described above for employment purposes. I understand that I may revoke this authorization in writing before a report is requested, subject to any report already ordered or obtained.

|                                     |                       |
|-------------------------------------|-----------------------|
| Applicant/Employee Signature: _____ | Date: _____           |
| Printed Legal Name: _____           | Email or Phone: _____ |

*A separate secure process may be used by the screening provider to collect any additional identifying information needed to complete the report.*



# DRUG AND ALCOHOL SCREENING CONSENT

Applicant and employee authorization

This consent supplements, but does not replace, any notice required by the North Carolina Controlled Substance Examination Regulation Act or other applicable law. Huff Consulting should provide the current official North Carolina initial notice when a test is scheduled.

## Purpose and Scope

Certain positions or client assignments may require controlled-substance or alcohol screening as a condition of placement, assignment, continued assignment, return to work, or employment. Testing may be required for reasons permitted by applicable law and company or client policy, including pre-employment, post-accident, reasonable suspicion, random testing, return-to-duty, or follow-up testing.

## Consent

I voluntarily authorize the collection and testing of an appropriate specimen by an approved collection site, laboratory, medical review officer, or other authorized provider. I authorize the provider to release the test result and related status information to Huff Consulting and, when permitted and necessary for the assignment, to the client company or other authorized party.

I understand that I may refuse a test; however, refusal, failure to report, failure to cooperate, adulteration or substitution of a specimen, or a result that does not satisfy applicable requirements may affect my eligibility for employment, placement, assignment, or continued employment, subject to applicable law.

I understand that test results and related medical information will be treated as confidential and disclosed only as permitted or required by law and for legitimate employment or safety purposes.

I understand that prescription and over-the-counter medications may affect test interpretation. I should provide medication information only to the authorized testing provider or medical review officer, not on the general employment application or to an unauthorized client supervisor.

## Applicant/Employee Information

|                                                                                                                                                                                                                               |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Legal name: _____                                                                                                                                                                                                             | Phone: _____           |
| Position/assignment: _____                                                                                                                                                                                                    | Client/worksite: _____ |
| Type of test, if known: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-accident <input type="checkbox"/><br>Reasonable suspicion <input type="checkbox"/> Random <input type="checkbox"/> Other: _____ |                        |

## Acknowledgment

I acknowledge that I received or will receive any legally required testing notice and information concerning my rights, responsibilities, and any available confirmation or retesting procedures. I have had an opportunity to ask questions before signing.

|                                     |                  |
|-------------------------------------|------------------|
| Applicant/Employee Signature: _____ | Date: _____      |
| Huff Representative: _____          | Date/Time: _____ |

Collection site/provider: \_\_\_\_\_ Scheduled date/time: \_\_\_\_\_

# TEMPORARY EMPLOYEE POLICIES AND ACKNOWLEDGMENTS

Huff Consulting employees assigned to client worksites

These general policies apply unless Huff Consulting provides a written assignment-specific rule or a client worksite has a stricter lawful safety or conduct requirement. Employees should ask Huff Consulting whenever instructions conflict or are unclear.

## 1. Employment and Assignment Relationship

- Huff Consulting LLC is the staffing employer and may assign employees to perform work at a client or host-employer worksite.
- The client generally directs day-to-day work at the worksite. Huff Consulting remains the employee's primary contact for pay, assignment status, workplace concerns, accommodations, and employment questions.
- An assignment is not a guarantee of a minimum number of hours, a specific duration, continued placement, or employment by the client.
- Unless a written agreement signed by an authorized Huff Consulting representative states otherwise, employment is at will and may be ended by either the employee or Huff Consulting at any time, subject to applicable law.
- Only an authorized Huff Consulting representative may confirm or change the employee's pay rate, employment status, or assignment terms. Client supervisors should not be relied upon to promise a pay increase or continued employment.

## 2. Attendance, Tardiness and Call-Outs

- Report to every scheduled shift on time, ready to work, and with required clothing, identification, and personal protective equipment.
- If you will be absent or late, notify Huff Consulting as soon as possible before the scheduled start time. Also notify the client supervisor when instructed to do so.
- A message to a coworker is not sufficient unless Huff Consulting specifically authorizes that method. Continue attempting contact until the absence or delay is reported to an authorized person or system.
- Provide an honest reason and your expected return date. Do not submit false documents or information.
- Repeated absences, tardiness, failure to call, leaving early without authorization, job abandonment, or failure to follow the call-out procedure may result in removal from the assignment or other corrective action, up to termination.
- Emergencies and legally protected absences will be addressed consistent with applicable law. Contact Huff Consulting promptly if you believe an absence may require an accommodation or protected leave.

## 3. Timekeeping, Pay and Overtime

- Accurately record all time worked using the method required for the assignment. Never work off the clock, falsify time, clock in for another person, or ask another person to record your time.
- Record required meal periods and promptly report any missed, interrupted, or inaccurate time entry to Huff Consulting.
- Overtime should be approved in advance when required; however, all hours actually worked must still be reported. Unauthorized overtime may lead to corrective action but will not be removed from reported time.
- Review pay information promptly and report suspected errors to Huff Consulting. Do not rely solely on the client to correct payroll records.
- Huff Consulting will provide written assignment and wage information. Changes to promised wages or pay practices will be communicated as required by applicable law.

### 4. Client Worksite Rules and Professional Conduct

- Follow lawful client rules, work instructions, security procedures, quality standards, dress requirements, and workplace conduct expectations.
- Do not report to work impaired, possess prohibited drugs or weapons, engage in violence or threats, steal, damage property, falsify records, or engage in unsafe or disruptive conduct.
- Do not perform duties outside the assignment, operate equipment, drive a vehicle, access restricted systems, or use tools unless you are authorized and properly trained.
- Do not accept cash, gifts, loans, or personal arrangements that create a conflict of interest with the client, its employees, or applicants.
- Report any proposed change in job duties, schedule, worksite, equipment, exposure, or supervisory responsibility to Huff Consulting when the change is material or raises safety, pay, or qualification concerns.

### 5. Safety, Training and Injury Reporting

- Huff Consulting and the client worksite share responsibilities for temporary-worker safety. Employees must participate in general and worksite-specific safety training and ask questions before performing unfamiliar work.
- Use required personal protective equipment and follow machine guarding, lockout/tagout, hazard communication, forklift, fall protection, bloodborne pathogen, ergonomics, heat, and other applicable safety rules.
- Stop and report work that you reasonably believe presents an immediate danger or for which you have not received required training. Do not bypass guards or safety devices.
- Immediately report every injury, illness, exposure, near miss, unsafe condition, or property incident to both the client supervisor and Huff Consulting, even if the issue seems minor.
- Seek emergency assistance when needed. Cooperate with incident reporting, medical instructions, and return-to-work procedures.
- Huff Consulting prohibits retaliation for raising a good-faith safety concern, reporting an injury, participating in an investigation, or exercising a protected workplace right.

### 6. Equal Employment Opportunity, Anti-Harassment and Anti-Retaliation

Huff Consulting prohibits discrimination, harassment, and retaliation based on race, color, religion, sex (including pregnancy, sexual orientation, gender identity, or related conditions), national origin, age, disability, genetic information, veteran status, or any other status protected by applicable law.

Prohibited conduct may include offensive comments, slurs, threats, unwanted sexual attention, unwelcome touching, display or transmission of offensive material, repeated mocking, intimidation, exclusion, or other conduct that creates an unlawful hostile environment or affects employment opportunities. The policy applies at Huff Consulting, client worksites, work-related travel or events, and employment-related electronic communications.

Employees who experience or observe possible discrimination, harassment, retaliation, or other serious misconduct should report it promptly through any available route:

- Your Huff Consulting representative or recruiter.
- Any other Huff Consulting manager or company owner, especially if the concern involves your usual contact.
- The client's human resources representative or another client manager when appropriate, while also notifying Huff Consulting.
- The reporting telephone number, email, or kiosk assistance option designated by Huff Consulting.

Reports will be reviewed promptly and as impartially as reasonably possible. Information will be shared only with people who need it for a fair investigation, response, safety, or legal compliance. Retaliation against a person who makes a good-faith report, requests an accommodation, participates in an investigation, or exercises a protected right is prohibited.

### 7. Confidentiality, Client Information and Property

- Protect confidential business information, customer information, employee or patient information, credentials, pricing, processes, trade secrets, and personal data learned through Huff Consulting or a client assignment.
- Access, use, copy, photograph, transmit, or remove information and property only as required for authorized work. Follow all client privacy, security, clean-desk, device, and document-disposal rules.
- Return badges, key fobs, uniforms, equipment, documents, and other property immediately when requested or when an assignment ends.
- Do not post worksite images, confidential information, client names, employee information, or incidents on social media unless authorized.



## Temporary Employee Policies and Acknowledgments

Version 1.0 | July 2026

- Nothing in this policy prohibits employees from discussing wages, hours, or working conditions; reporting suspected unlawful conduct; cooperating with a government agency; engaging in protected concerted activity; or exercising any other legally protected right.

### 8. Electronic Communications, Records and Signatures

- Huff Consulting may send employment-related notices by text message, email, secure link, portal, or kiosk, including interview, onboarding, assignment, schedule, timekeeping, payroll, policy, and emergency communications.
- Employees must keep contact information current and notify Huff Consulting if they cannot access an electronic notice or need a reasonable alternative format.
- Electronic signatures, check boxes, typed names, and secure acknowledgments may be used to sign employment records. Employees may request a paper copy of a signed record.
- Employees must not share access codes, impersonate another person, or sign for another applicant or employee.
- Consent to ordinary employment communications does not authorize Huff Consulting to send Social Security numbers, full banking information, or other highly sensitive data through unsecured text or email.

### 9. Questions, Reporting and Policy Changes

Employees should contact Huff Consulting with questions about these policies, pay, assignments, accommodations, safety concerns, or conflicts between Huff and client instructions. Huff Consulting may revise policies or issue assignment-specific rules. No oral statement changes this packet unless confirmed in writing by an authorized Huff Consulting representative.

### Acknowledgment

I acknowledge that I received and reviewed the Huff Consulting Temporary Employee Policies and Acknowledgments. I understand that I am responsible for following these policies and assignment-specific instructions, asking questions when needed, and promptly reporting concerns. I understand that this packet is not a contract guaranteeing employment, hours, or assignment duration and does not alter the at-will relationship except through a written agreement signed by an authorized Huff Consulting representative.

|                                            |             |
|--------------------------------------------|-------------|
| Employee legal name: _____                 |             |
| Primary phone/email: _____                 |             |
| Assigned client/worksites, if known: _____ |             |
| Employee Signature: _____                  | Date: _____ |
| Huff Representative: _____                 | Date: _____ |



# ASSIGNMENT DETAILS AND PAY ACKNOWLEDGMENT

Complete a new form for each assignment or material change

## Employee and Assignment

|                              |                                                |
|------------------------------|------------------------------------------------|
| Employee name: _____         | Employee ID: _____                             |
| Client/host employer: _____  | Worksite: _____                                |
| Position/title: _____        | Supervisor/contact: _____                      |
| Assignment start date: _____ | Expected end/date or duration, if known: _____ |

## Schedule and Pay

|                                                                                                                                                                  |                             |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| Regular pay rate: \$ _____ per hour / salary: \$ _____                                                                                                           | Pay frequency: _____        |                           |
| Overtime rate or basis, if applicable: _____                                                                                                                     |                             |                           |
| Shift: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend <input type="checkbox"/> Rotating | Scheduled hours/days: _____ |                           |
| Reporting time: _____                                                                                                                                            | Meal period: _____          | Timekeeping method: _____ |
| Payday and payment method: _____                                                                                                                                 |                             |                           |

## Requirements and Conditions

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| Dress/PPE requirements: _____                                                                                                              |
| Required certifications/equipment: _____                                                                                                   |
| Background/drug screening status: <input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Not required |
| Special instructions, attendance contact, parking or entrance: _____                                                                       |
| _____                                                                                                                                      |
| _____                                                                                                                                      |

## Acknowledgment

- I received the assignment information shown above and understand how and when to report.
- I will accurately report all hours worked and will promptly tell Huff Consulting about missing, incorrect, or disputed time.
- I understand that overtime may require advance approval, but all time actually worked must be reported.
- I understand that the assignment, schedule, duties, and duration may change or end. Any change to my pay rate must come from Huff Consulting in writing.
- I will contact Huff Consulting promptly if the client changes my duties, worksite, schedule, equipment, or hazards in a way that affects my qualifications, safety, or pay.

|                            |             |
|----------------------------|-------------|
| Employee Signature: _____  | Date: _____ |
| Huff Representative: _____ | Date: _____ |