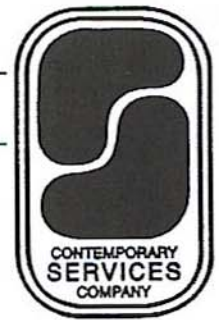


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# CONTEMPORARY SERVICES COMPANY

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## Personal Information

Group Member Fact Sheet (Please Print)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Can you submit verification of your identity and legal right to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
If yes, give dates of offenses and deposition: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No  
If yes, give dates of offenses and deposition: \_\_\_\_\_

Are you currently on parole?  Yes  No Probation?  Yes  No  
If yes, terms of parole: \_\_\_\_\_

### Acknowledgement of Policies and Procedures

I acknowledge that I understand the policies and procedures of Contemporary Services Corporation (CSC) and that I have been oriented in the procedures of proper conduct for a group member.

I understand that if I am not in proper uniform, I will not be allowed to work.

I hereby certify that the information contained on this form is true and correct to the best of my knowledge and agree to have any or all the information verified and to have a criminal history investigation and/or background check conducted by CSC.

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

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

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1512 W Colonial Drive, Orlando, Florida 32804

Phone: (407) 872-7444 Fax: (407) 872-7439