



AN EQUAL OPPORTUNITY EMPLOYER

STATE & FEDERAL LAW PROHIBITS DISCRIMINATION
BASED ON AGE, SEX OR NATIONAL ORIGIN

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NO.

TOTAL NO. OF TAX EXEMPTIONS

ADDRESS STREET CITY STATE ZIP

HOME PHONE

ALT. PHONE

CITY & STATE OF BIRTH

CITIZEN OF US
 YES NO

ALIEN REG. #

ALIEN REG. EXP. DATE

SMOKER
 YES NO

E-MAIL ADDRESS

IN CASE OF EMERGENCY NOTIFY - NAME

ADDRESS

TELEPHONE

WHAT POSITION ARE YOU APPLYING FOR

DATE AVAILABLE FOR WORK

MINIMUM RATE PER HOUR

HAVE YOU EVER BEEN CONVICTED
OF A FELONY YES NO

HOW DID YOU HEAR ABOUT US

WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME

MON TUE WED THU FRI SAT SUN

CITIES AVAILABLE TO WORK IN

SHIFT
 1st 2nd 3rd

AVAILABLE LONG TERM ASSIGNMENT
 WILL ACCEPT SAME DAY ASSIGNMENT
 TEMP TO HIRE
 CAR AVAILABLE
 RESUME ATTACHED

YES NO
 YES NO

TEST RESULTS

SPEED

ERRORS

SOFTWARE

WPM

WPM

WPM

WPM

WPM

WPM

WORK SKILLS CHECK YOUR SKILLS AND THE KIND OF WORK YOU HAVE DONE

TYPING WPM

MEMORY

MANUAL

ALPHA NUMERIC

LTR

ELECTRIC

STENCIL S/MASTER

STATISTICAL

RECEPTIONIST

OF EXTENSIONS

INCOMING LINES

NUM

10 KEY

INVOICING/BILLING

STENO

TRANSCRIBER

COMPUTER

SOFTWARE

CLERICAL

ALPHA NUMERIC

1st

3rd

2nd

4th

OTHER

BOOKKEEPING

ASSISTANT

ACCT. REC.

SPELLING

SOFTWARE

CLERICAL

FILING

ALPHA NUMERIC

POSTING

TELEMARKETING

OTHER

OTHER

ADDING MACH

10 KEY

TOUCH

FAX

POSTAGE METER

CALCULATORS

OTHER

OTHER

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COMPUTER

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SIGNATURE: _____

DATE: _____

I hereby authorize you and all former employers, and others given by me as reference, to answer all questions and give all information in connection with this application or in any way concerning me. I agree, if employed by you, that if ever I make claims against you for personal injuries, upon your request I shall submit to drug screens and examinations by physicians of your selection. Your employment of me may be terminated by you at any time without any liability to me except for wages and salary as have been earned by me at the date of such termination. I understand that it is my responsibility to notify you of my availability on a weekly basis at a minimum, and if I do not, I will be considered unavailable for work.

HAVE YOU EVER WORKED FOR OR APPLIED WITH A TEMPORARY SERVICE
IF YES, PLEASE LIST THE FIRMS AT WHICH YOU WORKED AS A TEMPORARY.
FIRM NAME & ADDRESS:

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