



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 ALIEN REG. # ALIEN REG. EXP. DATE SMOKER 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 HERE 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

WORK SKILLS - CHECK YOUR SKILLS AND KINDS OF WORK YOU HAVE DONE
GENERAL: CARPENTER, ELECTRICIAN, PLUMBER, H V A C, WELDER, SOLDERER, DEMOLITION SUPERVISOR, AUTO MECHANIC, DIESEL MECHANIC
FACTORY: MECHANICAL, ASSEMBLER, ELECTRONIC, ASSEMBLER, INSPECTOR, PACKAGER, QUALITY CONTROL, MACHINE OPERATOR
MAINTENANCE: BUILDING REPAIR, CLEANING, FLOOR CARE, LANDSCAPING, LAWN CARE, HOTEL CLEANING, JANITORIAL, INDUSTRIAL MAINTENANCE
EQUIPMENT: TRUCK, BACKHOE, TRACTOR, OUTSIDE FL., CRANE, DRILL, SAW, NAIL GUN, JACK HAMMER
WAREHOUSE: COMPUTER SKILLS, RECEIVING, SHIPPING, LOAD/UNLOAD, HAND JACK, FORKLIFT, STANDING, SITTING
SUPPLIES AVAILABLE: HARD HAT, TOOLS, SAFETY GLASSES, STEEL TOE BOOTS
DRIVERS LICENSE: YES NO, CDL, CLASS A, CLASS B

Table with columns: FROM, TO, NAME OF EMPLOYER, PHONE OR ADDRESS, SUPERVISOR, PAY PER HOUR, POSITION, REASON FOR LEAVING, NAME OF SCHOOL, DEGREE, YR. OF GRAD., 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.

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.

SIGNATURE: DATE: