



AN EQUAL OPPORTUNITY EMPLOYER

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

NAME: (LAST, FIRST, MIDDLE) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ TOTAL NO. OF INCOME TAX EXEMPTIONS \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ ALT. TELEPHONE \_\_\_\_\_

CITY & STATE OF BIRTH \_\_\_\_\_ ALIEN REG. EXP. DATE \_\_\_\_\_ SMOKING ENVIRONMENT  YES  NO EMAIL ADDRESS \_\_\_\_\_

RIGHT TO WORK IN U.S. ALIEN REG. #  YES  NO TELEPHONE \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY - NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

WHAT POSITION ARE YOU APPLYING FOR? \_\_\_\_\_ DATE AVAILABLE TO WORK \_\_\_\_\_ MINIMUM RATE PER HOUR \$ \_\_\_\_\_ /HR. \_\_\_\_\_

WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME \_\_\_\_\_ CITIES AVAILABLE TO WORK IN \_\_\_\_\_

MON  TUE  WED  THU  FRI  SAT  SUN

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

HOW DID YOU HEAR OF US? \_\_\_\_\_

AVAILABLE TO WORK FROM:  1ST SHIFT \_\_\_\_\_ A.M. TO \_\_\_\_\_ A.M.  2ND SHIFT \_\_\_\_\_ P.M. TO \_\_\_\_\_ P.M.  3RD SHIFT \_\_\_\_\_

AVAILABLE LONG TERM ASSIGNMENT  WILL ACCEPT SAME DAY ASSIGNMENT  TEMP TO HIRE  CAR AVAILABLE?  YES  NO  RESUME ATTACHED?  YES  NO

**WORK SKILLS - Check your skills and kind of work you have done.**

GENERAL	FACTORY	MAINTENANCE	EQUIPMENT	WAREHOUSE	SUPPLIES AVAILABLE	OTHER SKILLS - Please list:
<input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Plumber <input type="checkbox"/> HVA <input type="checkbox"/> Welder <input type="checkbox"/> Solderer <input type="checkbox"/> Demolition <input type="checkbox"/> Digger/Raker <input type="checkbox"/> Supervisor <input type="checkbox"/> Mechanic <input type="checkbox"/> Validator	<input type="checkbox"/> Construction <input type="checkbox"/> Painter <input type="checkbox"/> Inventory <input type="checkbox"/> Mover <input type="checkbox"/> Laundry <input type="checkbox"/> Road Const. <input type="checkbox"/> Casual Labor	<input type="checkbox"/> Building Repair <input type="checkbox"/> Cleaning <input type="checkbox"/> Floor Care <input type="checkbox"/> Landscaping <input type="checkbox"/> Lawn Care <input type="checkbox"/> Hotel/Cleaning <input type="checkbox"/> Janitorial	<input type="checkbox"/> Truck <input type="checkbox"/> Backhoe <input type="checkbox"/> Tractor <input type="checkbox"/> Outside Fi. <input type="checkbox"/> Crane <input type="checkbox"/> Drill <input type="checkbox"/> Saw <input type="checkbox"/> Nail Gun <input type="checkbox"/> Jack Hammer	<input type="checkbox"/> Computer Skills <input type="checkbox"/> Receiving <input type="checkbox"/> Shipping <input type="checkbox"/> Load / Unload <input type="checkbox"/> Hand Jack <input type="checkbox"/> Forklift <input type="checkbox"/> Standing <input type="checkbox"/> Sitting	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Tools <input type="checkbox"/> Glasses <input type="checkbox"/> Steel Toe Work Boots	Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number _____ <input type="checkbox"/> CDL <input type="checkbox"/> Class A <input type="checkbox"/> Class B

PREVIOUS EMPLOYMENT FROM	TO	NAME OF EMPLOYER	PHONE OR ADDRESS	SUPERVISOR	PAY P/HOUR	POSITION	REASON FOR LEAVING

**EDUCATION**

NAME OF SCHOOL	DEGREE	GRADUATED?

**HAVE YOU EVER WORKED FOR OR APPLIED WITH A TEMPORARY SERVICE?**  YES  NO

**IF YES, PLEASE LIST THE FIRMS AT WHICH YOU WORKED AS A TEMPORARY.**

Firm Names & Addresses:


I hereby authorize you and all former employers, and others given by me as a reference, to answer all questions and to 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** \_\_\_\_\_

