



PRIORITY
TYPING, INC.

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 _____ RIGHT TO WORK IN U.S. ALIEN REG. # _____ ALIEN REG. EXP. DATE _____ SMOKING ENVIRONMENT _____ EMAIL ADDRESS _____
 YES NO

IN CASE OF EMERGENCY, NOTIFY - NAME: _____ ADDRESS _____ TELEPHONE _____

WHAT POSITION ARE YOU APPLYING FOR? _____ DATE AVAILABLE TO WORK _____ MINIMUM RATE PER HOUR \$ _____ /HR. _____ HOW DID YOU HEAR OF US? _____

WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME _____ CITIES AVAILABLE TO WORK IN _____

MON TUE WED THU FRI SAT SUN

1ST SHIFT 2ND SHIFT 3RD SHIFT

AVAILABLE TO WORK FROM: _____ A.M. TO _____ A.M. _____ P.M. TO _____ P.M.

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

WORK SKILLS - CHECKS YOUR SKILLS AND KIND OF WORK YOU HAVE DONE.

TEST RESULTS
 WPM speed _____ errors _____ %
 LTR _____
 ALPHA NUMERIC
 NUM 10 KEY _____
 SOFTWARE PACKAGES: _____

TYPING - APPROX. SPEED _____ W.P.M.
 Memory Manual Electric Selectric Stencils and Masters
 Statistical Typing Invoicing & Billing Steno Transcriber

DATA ENTRY: ALPHA NUMERIC
 RECEPTIONIST: # Of Incoming Lines _____ # Of Extensions _____
 SOFTWARE PACKAGES: _____

CLERICAL: Filing Alpha Numeric Coding Posting Other Bulk Mail Telemarketing Customer Service
 BOOKKEEPING: Full Charge Assistant Accts. Pay. Manual Accts. Rec. Computer Bookkeeping /Machines Collections Payroll Reconciliations Taxes

BUSINESS MACHINES: Adding Machines Full 10 Key Touch Fax Postage Meter Calculators _____ Kinds _____
 OTHER: _____

COMPUTERS: Types Of Computers: MAIN MINI MAC PC
 STENOGRAPHIC: Approx. Speed _____ W.P.M.
 Legal Steno Medical Steno Transcribing Machines

FOREIGN LANGUAGES: Speak Read Write

OTHER SPECIAL SKILLS & EXPERIENCES: _____

PREVIOUS EMPLOYMENT FROM	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 _____

