

REFERENCES

Please provide us with references we can contact. Professional references are preferred; however, personal references are acceptable after you have listed all of your professional references first. **THREE ARE REQUIRED.**

1.) Name:	Telephone Number: () —		
Address:	City:	State:	Zip:
How Many Years have you known this reference?	Comments:		
<i>Office use only</i>			
2.) Name:	Telephone Number: () —		
Address:	City:	State:	Zip:
How Many Years have you known this reference?	Comments:		
<i>Office use only</i>			
3.) Name:	Telephone Number: () —		
Address:	City:	State:	Zip:
How Many Years have you known this reference?	Comments:		
<i>Office use only</i>			

PREFERENCES AND PLACEMENT INFORMATION

What type of work are you looking for?
What shifts are you willing to work? 1st 2nd 3rd Any Full Time Part-Time (Hrs.):
What geographic area(s) are you willing to work in?
What is the minimum hourly pay you are willing to accept?
If hired, how would you like to receive your check each week (circle one): Office Pick Up Mailed
Do you have access to reliable transportation?
Use this space to tell us about yourself:

EMPLOYMENT HISTORY

Please provide your most recent employment history first. Provide all requested information. If there is any information you are unable to provide, you may be required to return with this information at a later date.

Last Position Held

Start Date: / /	Company Name:		
End Date: / /	Company Address:		
Starting Salary: \$	City:	State	Zip
Ending Salary: \$	Supervisor Name:	Supervisor Title:	Supervisor Phone: () --

Your position title and description:

Reason for leaving:	Are you eligible for rehire?
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OFFICE USE ONLY					
Dates verified? Yes No	Job title verified? Yes No	Rehire verified? Yes No			

Comments:

2ND TO LAST POSITION HELD

Start Date: / /	Company Name:		
End Date: / /	Company Address:		
Starting Salary: \$	City:	State	Zip
Ending Salary: \$	Supervisor Name:	Supervisor Title:	Supervisor Phone: () --

Your position title and description:

Reason for leaving:	Are you eligible for rehire?
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OFFICE USE ONLY					
Dates verified? Yes No	Job title verified? Yes No	Rehire verified? Yes No			

Comments:

3RD TO LAST POSITION HELD

Start Date: / /	Company Name:		
End Date: / /	Company Address:		
Starting Salary: \$	City:	State	Zip
Ending Salary: \$	Supervisor Name:	Supervisor Title:	Supervisor Phone: () --

Your position title and description:

Reason for leaving:	Are you eligible for rehire?
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OFFICE USE ONLY					
Dates verified? Yes No	Job title verified? Yes No	Rehire verified? Yes No			

Comments:

EDUCATION AND TRAINING

Please provide us with all education and training you have received. Include special coursework, even if you did not graduate. Be sure to include any certifications and/or qualifications you have received.

High School:	City, State:	Last Grade Completed	Did you graduate?	Degree/Major
College:	City, State:	Total Credits Earned:	Did you graduate?	Degree/Major
Other:	City, State	Total Credits Earned:	Did you graduate?	Degree/Major
Other:	City, State	Total Credits Earned:	Did you graduate?	Degree/Major
Other:	City, State	Total Credits Earned:	Did you graduate?	Degree/Major

CERTIFICATION STATEMENT AND SIGNATURE

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either the application or during the pre-hire or post-hire process will be sufficient reason for (1) my not being offered employment; or (2) dismissal at any time if I am employed.

Criminal background

I authorize this employer to release the information contained in the background investigation to other firms or persons upon request. I release this employer, any agency, employer, school, or individual from any liability as a result of such contact.

I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time.

I understand that my failure to report for work will indicate that I have quit.

Signature

Date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewer's Initials:	Date:	Site:
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Ratings (1-5):	G	V:	A:
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Interview Comments:

Other Skills	
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Drug Test Registration #:	
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Background Report Order #:	
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