

EMPLOYMENT APPLICATION



STATE & FEDERAL LAW PROHIBIT
DISCRIMINATION BASED ON AGE, SEX, OR
NATIONAL ORIGIN
AN EQUAL OPPORTUNITY EMPLOYER

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP
CITY AND STATE OF BIRTH	CITIZEN OF U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS		
IN CASE OF EMERGENCY, NOTIFY - NAME:	ADDRESS		TELEPHONE	
WHAT POSITIONS ARE YOU APPLYING FOR:	DATE AVAILABLE FOR WORK	MINIMUM RATE PER HOUR \$ _____ /HR	HOW DID YOU HEAR OF US?	

WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME
 MON TUE WED THU FRI SAT SUN

CITIES AVAILABLE TO WORK IN
 1ST SHIFT
 2ND SHIFT
 3RD SHIFT

AVAILABLE TO WORK FROM
 A.M. _____ to _____ P.M.
 AVAILABLE LONG TERM ASSIGNMENT
 WILL ACCEPT SAME DAY ASSIGNMENT
 TEMP TO HIRE DIRECT HIRE
 CAR AVAILABLE? YES NO
 RESUME ATTACHED? YES NO

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

GENERAL	<input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Plumber <input type="checkbox"/> HVAC <input type="checkbox"/> Welder <input type="checkbox"/> Solderer <input type="checkbox"/> Demolition <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"/> Digger/Raker <input type="checkbox"/> Casual Labor <input type="checkbox"/> _____	FACTORY	<input type="checkbox"/> Mechanical <input type="checkbox"/> Assembler <input type="checkbox"/> Electronic <input type="checkbox"/> Assembler <input type="checkbox"/> Inspector <input type="checkbox"/> Packager <input type="checkbox"/> Quality Control <input type="checkbox"/> Machine <input type="checkbox"/> Operator <input type="checkbox"/> _____	MAINTENANCE	<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"/> _____	EQUIPMENT	<input type="checkbox"/> Truck <input type="checkbox"/> Backhoe <input type="checkbox"/> Tractor <input type="checkbox"/> Outside Fl. <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"/> _____	WAREHOUSE	<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	ARE YOU COLLECTING UNEMPLOYMENT COMPENSATION? <input type="checkbox"/> YES (____/WK) <input type="checkbox"/> NO	SUPPLIES AVAILABLE <input type="checkbox"/> Hard Hat <input type="checkbox"/> Tools <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Steel Toe Work Boots	TYPE OF WORK DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	IF RELEVANT FOR THE JOB YOU ARE APPLYING: ARE YOU ABLE TO LIFT 50 LB. SACKS ON A CONTINUED HR-BY-HR, DAY-BY-DAY BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PREFER TO WORK IN A SMOKING OR NON-SMOKING ENVIRONMENT? <input type="checkbox"/> SMOKING <input type="checkbox"/> NON-SMOKING	DRIVERS' LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO License Number _____ <input type="checkbox"/> Class C <input type="checkbox"/> CDL <input type="checkbox"/> Class A <input type="checkbox"/> Class B
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PREVIOUS EMPLOYMENT MO./YR. MO./YR.	NAME OF EMPLOYER	PHONE OR ADDRESS	SUPERVISOR	DOES COMPANY USE TEMPORARY WORKERS	PAY P/HOUR	POSITION	REASON FOR LEAVING
				YES NO			
				YES NO			
				YES NO			

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

IF YES, PLEASE LIST LAST POSITION FIRST

FROM (MO./YR.)	TO (MO./YR.)	TEMPORARY SERVICE	COMPANY ASSIGNED	POSITION	PAY RATE

EDUCATION

HIGH SCHOOL NAME	YEARS ATTENDED 1 2 3 4	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR STUDY
HIGHER EDUCATION - College, Trade or Business School	YEARS ATTENDED 1 2 3 4	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR STUDY

COMPUTER SOFTWARE

Please rate your knowledge level under software programs you have experience using:

- MICROSOFT ACCESS
 BEGINNER INTERMEDIATE ADVANCED
- MICROSOFT EXCEL
 BEGINNER INTERMEDIATE ADVANCED
- MICROSOFT POWERPOINT
 BEGINNER INTERMEDIATE ADVANCED
- MICROSOFT WORD
 BEGINNER INTERMEDIATE ADVANCED
- LOTUS 1-2-3
 BEGINNER INTERMEDIATE ADVANCED
- PEACHTREE ACCOUNTING
 BEGINNER INTERMEDIATE ADVANCED
- QUICKBOOKS
 BEGINNER INTERMEDIATE ADVANCED
- WINDOWS
 BEGINNER INTERMEDIATE ADVANCED
- WORD PERFECT
 BEGINNER INTERMEDIATE ADVANCED
- PHOTO EDITING SOFTWARE
Programs used:
 BEGINNER INTERMEDIATE ADVANCED
- INTERNET BROWSER/E-MAIL
Programs used:
 BEGINNER INTERMEDIATE ADVANCED
- INTERNET WEB DESIGN
Programs used:
 BEGINNER INTERMEDIATE ADVANCED

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

TYPING APPROX. SPEED _____ W.P.M. <input type="checkbox"/> Statistical Typing <input type="checkbox"/> Invoicing & Billing <input type="checkbox"/> Steno <input type="checkbox"/> Transcriber	BUSINESS MACHINES <input type="checkbox"/> Adding Machines <input type="checkbox"/> Full <input type="checkbox"/> 10 Key <input type="checkbox"/> Touch <input type="checkbox"/> Fax Machine <input type="checkbox"/> Postage Meter	CLERICAL <input type="checkbox"/> Filing <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric <input type="checkbox"/> Coding <input type="checkbox"/> Posting <input type="checkbox"/> Other <input type="checkbox"/> Bulk Mail <input type="checkbox"/> Telemarketing <input type="checkbox"/> Customer Service	COMPUTERS TYPES OF COMPUTERS: <input type="checkbox"/> Main <input type="checkbox"/> Mini <input type="checkbox"/> Mac <input type="checkbox"/> PC STENOGRAPHIC APPROX. SPEED _____ W.P.M. <input type="checkbox"/> Legal <input type="checkbox"/> Medical Steno <input type="checkbox"/> Transcribing Machines Kinds: _____
DATA ENTRY <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric	RECEPTIONIST # OF INCOMING LINES _____ # OF EXTENSIONS _____ SWITCHBOARD SYSTEMS _____	ACCOUNTING <input type="checkbox"/> Full Charge <input type="checkbox"/> Assistant <input type="checkbox"/> Accts. Pay. <input type="checkbox"/> Manual <input type="checkbox"/> Accts. Rec. <input type="checkbox"/> Computer <input type="checkbox"/> Bookkeeping/ Machines <input type="checkbox"/> Collections <input type="checkbox"/> Payroll <input type="checkbox"/> Reconciliations <input type="checkbox"/> Taxes	FOREIGN LANGUAGES <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____

OTHER SOFTWARE PROGRAMS USED:

OTHER SPECIAL SKILLS AND EXPERIENCE:

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I authorize you and all former employers, and others given by me as reference, to answer all questions and to give all information in connection with this application or in any way concerning me. I authorize TempStar Staffing Companies to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I hereby authorize TempStar Staffing Companies to investigate my background inclusive of any criminal records. I also agree to submit a drug test upon request or as specified by TempStar Staffing Company's Substance Abuse Policy. I further agree that if employed by TempStar Staffing Companies, that if I ever make any claims against you for personal injuries, upon your request, I shall submit to drug screens and examinations by physicians of your selection. TempStar Staffing Company's employment of me may be terminated at any time without any liability to me except for wages and salary earned by me at the date of such termination. I understand that it is my responsibility to notify TempStar Staffing Companies of my availability on a weekly basis at a minimum or at the end of an assignment, and if I do not, I will be considered unavailable for work.

SIGNATURE _____

DATE _____