APPLICATION FOR EMPLOYMENT

Skill 1	Skill 2	Skill 3

Last Name	First Name	Middle	Social Security Number
			/ /

Address	City	State	Zip	Home Phone
				( ) -

Date Available for Work		Circle Days Available		Day Hours Available		Night Hours Available		Message Phone
From	To	M T W T F S S		From	To	From	To	
Transportation	☐ Car	Preference	☐ Smoking	Interested in	☐ Yes	Presently	☐ Yes	( ) -
	☐ Bus		☐ Non-Smoking	Perm. Position	☐ No	Employed	☐ No	

PLEASE CHECK BELOW THE POSITION AND SKILLS IN WHICH YOU HAVE WORK EXPERIENCE

CLERICAL
☐ Filing
☐ Inventory
☐ Billing
Other _____

TYPING
WPM _____

SECRETARIAL
☐ Admin. Asst.
☐ Executive
☐ Legal
☐ Medical
☐ General
Other _____

OFFICE MACHINES
☐ Adding Machines
☐ Calculator
☐ Copy Machines
☐ Fax
Other _____

RECEPTION
☐ Switchboard
# of Lines _____
Incoming _____
Outgoing _____
# of Extensions _____
☐ Announce Calls
☐ Conference Calls
Other _____

MARKETING
☐ Demonstrator
☐ Sales
☐ Survey Interview
☐ Telemarketing
Other _____

FOREIGN LANGUAGE
_____ (Language)
☐ Yes ☐ No (Translate)

COMP. & SOFTWARE
☐ Quickbooks
☐ Excel
☐ Access
☐ Power Point
☐ Word
☐ Peachtree
(Special Skills)

TELEPHONE
☐ Authorization
☐ Sales
☐ Survey
☐ Collections
☐ Customer Service
☐ Order

BOOKKEEPING
☐ A/P
☐ A/R
☐ Asst. Bookkeepr
☐ Bank Recon.
☐ Cred. & Coll.
☐ Full Charge
☐ General Ledger
Other _____

INDUSTRIAL
☐ Assembler
☐ Maintence
☐ Janitorial
☐ Packing/Wrapping
☐ Shipping/Receiving
☐ Inventory
☐ Food Service
☐ Sorting
☐ Stockroom
☐ Machine Operator
☐ Machines Used
_____
☐ Loading/Unload
☐ # of lbs. _____
☐ Forklift ☐ Certified
☐ Truck Driver
_____ (Class of License)
Other _____

SPECIAL SKILLS

How were you referred?	Yellow Pages	Walked In	Ad	Which Ad/Newspaper	Friend	Name & Phone Number	Other	
	☐	☐	☐		☐		☐	

BUSINESS EXPERIENCE

From	To	COMPANY NAME AND ADDRESS	TELEPHONE	INDUSTRY	Perm	SUPERVISOR'S NAME-TITLE	SALARY Start/End	REASON FOR LEAVING

EDUCATIONAL BACKGROUND

Name of High School	Years Attended	Graduated	Business/Secretarial/Trade School:
	1 2 3 4	☐ Yes ☐ No	Course: Length:
Name of College	Years Attended	Graduated	Major:
	1 2 3 4	☐ Yes ☐ No	

Please list two personal references with whom you have worked:
_____ (Name) _____ (Address) _____ (Phone #)
_____ (Name) _____ (Address) _____ (Phone #)

Have you ever been convicted of a crime other than a traffic offense? ☐ Yes ☐ No
If yes, please explain...

IN CASE OF EMERGENCY CONTACT: Name: Address: Phone #:

PLEASE READ: I authorize you to check my references regarding past employment. I agree to contact you after each assignment is completed, to check if other work is available. If I do not contact you, you can assume that I am *not* available to work.

SIGNATURE: _____ DATE: _____

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY DEDICATED TO A POLICY OF NON-DISCRIMINATION IN THE TERMS AND CONDITIONS OF EMPLOYMENT ON THE BAIS OF RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, CITIZENSHIP, VETERANS STATUS, AGE, OR NON-JOB-RELATED DISABILITY OR HANDICAP OF ANY KIND."

Reviewed by: _____ DATE: _____