



# APPLICATION FOR EMPLOYMENT

This application is active for a period of six (6) months

Equal Opportunity Employer

## PERSONAL

First Name	MI	Last Name	Preferred Name	Social Security Number	Date
Street Address			City/State	Zip Code	Telephone Numbers (Daytime and Home) D: H:
Have you ever been convicted of a crime? _____ Yes _____ No If yes, please explain:				Are you legally authorized to work in the U.S.? _____ Yes _____ No	

## WORK INFORMATION

Position applying for	Date Available	Salary Expectation	Referred by														
<b>Hours and Classification available to work</b> _____ Day (8-5)                      _____ Full-time _____ Evening (4-12)                _____ Part-time _____ Night (12-3)                    _____ Temporary _____ Weekends  Are you willing to work overtime _____ Yes _____ No	<b>Job Skills: Check all applicable job skills you can perform</b> <table border="0"> <tr> <td><b>Application</b></td> <td><b>Software (word 6.0, Lotus 1-2-3, etc.)</b></td> </tr> <tr> <td>_____ Word Processing</td> <td>_____</td> </tr> <tr> <td>_____ Spreadsheet</td> <td>_____</td> </tr> <tr> <td>_____ Database</td> <td>_____</td> </tr> <tr> <td>_____ Desktop Publishing</td> <td>_____</td> </tr> <tr> <td>_____ Graphics</td> <td>_____</td> </tr> <tr> <td>_____ Other</td> <td>_____</td> </tr> </table>			<b>Application</b>	<b>Software (word 6.0, Lotus 1-2-3, etc.)</b>	_____ Word Processing	_____	_____ Spreadsheet	_____	_____ Database	_____	_____ Desktop Publishing	_____	_____ Graphics	_____	_____ Other	_____
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_____ Spreadsheet	_____																
_____ Database	_____																
_____ Desktop Publishing	_____																
_____ Graphics	_____																
_____ Other	_____																
<b>License and Registration (if applicable)</b> Type                      License Number                      State                      Date		U.S. Security Clearance _____ Yes (type) _____ No															
		Agree to drug test if condition of employment by Client? _____ Yes _____ No															

## EDUCATION

Level of Education	Location	Years attended	Graduated		Course/Degree
			Yes	No	
High School					
College					
Special Training					
Other					

# EMPLOYMENT RECORD Account for all employment beginning with most recent.

Dates		Company, Address and Telephone No.	Position	Supervisor	Salary	Reason for Leaving
From	To					

May we contact your former/present employer?  Yes  No

## REFERENCES Personal References: Do not include relatives.

Name	Occupation or Title	Address	Telephone

### Employment Agreement

I authorize, unless indicted, the schools, companies and persons named within to give any information regarding my employment, character, and qualifications together with any information they may have regarding me. I hereby release the schools, companies and persons from all liability for any damage for issuing this information.

I understand that all employees of Staffing Solutions, LTD, are employed for an indefinite term and employment may be terminated, with or without cause, at any time, at the will of the employer or the employee. This status can only be altered by a specific written contract of employment and signed by both the employee and the President/CEO of Staffing Solutions, LTD.

If employed by Staffing Solutions, LTD, I agree if I make claims against the company for personal injuries in the performance of my assignment, I will promptly submit myself to examination by a physician or physicians of the company's selection as often as may be required.

I certify that the answers given by me to the questions and statements are true and complete to the best of my knowledge and I have withheld no information that would affect this application of employment unfavorably. I understand that any misleading or incorrect statements will void this application, and if employed, would be cause for immediate termination.

Signature of Applicant \_\_\_\_\_

**Do Not Write Below This Line:**

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Position: \_\_\_\_\_ Client: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_ W/C Code: \_\_\_\_\_