



# APPLICATION FOR EMPLOYMENT

This application is active for a period of four (4) months.

**EQUAL OPPORTUNITY EMPLOYER**

## PERSONAL

Date: \_\_\_\_\_

First Name	MI	Last Name	Preferred Name	Social Security Number - -
Street Address	City	State	Zip Code	Phone Numbers (Daytime & Home) D: H:
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## WORK INFORMATION

Position Applied For:	Date Available	Salary Expectation	Referred By
Hours and Classifications available to work: <input type="checkbox"/> Day (8-5) <input type="checkbox"/> Full-Time <input type="checkbox"/> Evening (4-12) <input type="checkbox"/> Part-Time <input type="checkbox"/> Night (12-8) <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends  Are you willing to work Over Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Skills: (Check all applicable job skills you can perform) <u>Application</u> <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Database <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Graphics <input type="checkbox"/> Other  <u>Software Experience:</u> <input type="checkbox"/> MS Word – Versions: _____ <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> Other: _____		
<b>What type of Photo ID:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Identification Card <u>LICENSE NUMBER</u> <u>STATE</u> <u>EXPIRATION DATE</u>	U.S. Security Clearance: <input type="checkbox"/> Yes (Type) _____ <input type="checkbox"/> No Agree to drug test if condition of employment by Client? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION

LEVEL OF EDUCATION	LOCATION	YEARS ATTENDED	GRADUATED		COURSE / DEGREE
			YES	NO	
High School			<input type="checkbox"/>	<input type="checkbox"/>	
College			<input type="checkbox"/>	<input type="checkbox"/>	
Special Training			<input type="checkbox"/>	<input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	

# EMPLOYMENT RECORD (Account for all employment beginning with most recent)

DATES		COMPANY NAME & PHONE NUMBER	POSITION	SUPERVISOR	SALARY	REASON FOR LEAVING
From	To					

**May we contact your former/present employer?**    YES    NO  
**Are you a former Staffing Solutions Employee?**    YES    NO

## REFERENCES Personal References: Do not include relatives.

NAME	OCCUPATION or TITLE	ADDRESS	TELEPHONE

### EMPLOYMENT AGREEMENT

I authorize, unless indicated, 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.

APPLICANT'S TYPED NAME TO REPRESENT SIGNATURE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE:**

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**Position:** \_\_\_\_\_ **Client:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Salary:** \_\_\_\_\_ **W/C Code:** \_\_\_\_\_