



Please use PEN Only !!

DATE: _____

Name: _____
First MI Last Nickname Maiden Name

Social Security # _____

Home Address: _____
Apt./Bldg Street City State Zip

Mailing Address: _____
(If Different) Apt./Bldg Street City State Zip

Phone Numbers: () () ()
Home Cell Other

OFFICE USE ONLY			
Entered: _____	By: _____		
ID'S: _____	Worldlink: _____		
Refs: _____	Resume: _____		
Temp Status:			
Avail ASAP	PT	Seasonal	Student
<input type="checkbox"/> HC	<input type="checkbox"/> G	<input type="checkbox"/> M	<input type="checkbox"/> D
Temp Interviewer: _____			

How Did You Hear About Us? _____ **Are you at least 18 years old?** Y / N **Are you a US Citizen?** Y / N

Birthday (mm/dd): _____ **Email Address** _____

Emergency Contact Info: _____
Name Phone # Relationship

Are you Bilingual? Y / N **If so, what languages are you fluent in?** _____

Job History: (Please include any military service and discharge status)

Company Name	Location City & State	Position and Salary	Supervisor	OK to Contact ?	Phone #	Reason for Leaving	Job Duties	Dates From/To
				Y N				
				Y N				
				Y N				
				Y N				

WORK EXPERIENCE AND SKILLS:

In the first space provided, place a check mark: **CHECK ONLY THE SKILLS THAT YOU HAVE ACTUALLY USED IN YOUR PAST WORK EXPERIENCE**

In the second space provided, write the number years of work experience that you have for that particular skill.

INDUSTRIES		OCCUPATIONS		SKILLS			
<input type="checkbox"/>	Admin/Clerical	<input type="checkbox"/>	Accountant	<input type="checkbox"/>	A Accounting	<input type="checkbox"/>	Cashier
<input type="checkbox"/>	Bldg. Material-Wholesale	<input type="checkbox"/>	Admin. Assistant	<input type="checkbox"/>	Accounts Payable	<input type="checkbox"/>	CDL A /CDLB
<input type="checkbox"/>	Broadcasting	<input type="checkbox"/>	Assembly Line	<input type="checkbox"/>	Accounts Receivable	<input type="checkbox"/>	Carpenter
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Banking	<input type="checkbox"/>	Bank Recon.	<input type="checkbox"/>	Concrete Labor
<input type="checkbox"/>	Data Processing Services	<input type="checkbox"/>	Carpenter	<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Educational Services	<input type="checkbox"/>	Clerk	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Const. Residential
<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Consultant	<input type="checkbox"/>		<input type="checkbox"/>	Drywall / Sheetrock
<input type="checkbox"/>	Food Services	<input type="checkbox"/>	Data Entry Clerk	<input type="checkbox"/>	C 10 Key	<input type="checkbox"/>	Electrician
<input type="checkbox"/>	General Labor	<input type="checkbox"/>	Delivery Driver	<input type="checkbox"/>	Administrative Assistant	<input type="checkbox"/>	Floor Tech
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Drug Screening	<input type="checkbox"/>	Bank Teller	<input type="checkbox"/>	Food Service
<input type="checkbox"/>	Hurricane Disaster Recovery	<input type="checkbox"/>	Electrician	<input type="checkbox"/>	C.N.A.	<input type="checkbox"/>	Forklift
<input type="checkbox"/>	Lawn Maintenance	<input type="checkbox"/>	Engineer	<input type="checkbox"/>	CAD Operator	<input type="checkbox"/>	Furniture Mover/Installer
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Forklift Operator	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	General Labor
<input type="checkbox"/>	Medical	<input type="checkbox"/>	General Labor	<input type="checkbox"/>	Collator	<input type="checkbox"/>	Heavy Equipment
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Computer Programing IT	<input type="checkbox"/>	Housekeeping –Hotel
<input type="checkbox"/>	Mfg – Appliance	<input type="checkbox"/>	Janitor/Custodian	<input type="checkbox"/>	CPT ICD-9 ICD10 Coding	<input type="checkbox"/>	HVAC
<input type="checkbox"/>	Mfg – Boating	<input type="checkbox"/>	Machine Operator	<input type="checkbox"/>	Credit/Collections	<input type="checkbox"/>	Inventory
<input type="checkbox"/>	Mfg - Component	<input type="checkbox"/>	Mechanic	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Janitorial
<input type="checkbox"/>	Mfg. – Elec. Equip.	<input type="checkbox"/>	Network Engineer	<input type="checkbox"/>	Data Entry / Typing	<input type="checkbox"/>	Labor
<input type="checkbox"/>	Mfg – Fabricated Metals	<input type="checkbox"/>	Order Puller	<input type="checkbox"/>	Drafting	<input type="checkbox"/>	Lawn
<input type="checkbox"/>	Mfg.- Food	<input type="checkbox"/>	Packer	<input type="checkbox"/>	Education	<input type="checkbox"/>	Machine Maintenance
<input type="checkbox"/>	Mfg. – Plastics/Rubber	<input type="checkbox"/>	Painter	<input type="checkbox"/>	Filing	<input type="checkbox"/>	Machine Operator
<input type="checkbox"/>	Other	<input type="checkbox"/>	Programmer IT	<input type="checkbox"/>	General Ledger	<input type="checkbox"/>	Masonry
<input type="checkbox"/>	Postal Service	<input type="checkbox"/>	Purchasing Agent	<input type="checkbox"/>	Graphics	<input type="checkbox"/>	Packing / Picking
<input type="checkbox"/>	Printing	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Painting
<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Shipping/Receiving	<input type="checkbox"/>	Legal Experience	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Rental & Leasing Services	<input type="checkbox"/>	Welder	<input type="checkbox"/>	Loan Processor	<input type="checkbox"/>	Production Li ne
<input type="checkbox"/>	Repair & Maintenance	<input type="checkbox"/>	Word Processor	<input type="checkbox"/>	Mail Room	<input type="checkbox"/>	Sewing Machine
<input type="checkbox"/>	Stores – Retail			<input type="checkbox"/>	Managerial Experience	<input type="checkbox"/>	Sheet Metal Mechanic
<input type="checkbox"/>	Stores – Wholesale			<input type="checkbox"/>	Marketing/Sales	<input type="checkbox"/>	Shipping/Receiving
<input type="checkbox"/>	Technical			<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>	Soldering
<input type="checkbox"/>	Telecommunications			<input type="checkbox"/>	Medical Billing	<input type="checkbox"/>	Wait Staff
<input type="checkbox"/>	Transportation			<input type="checkbox"/>	Medical Transcription	<input type="checkbox"/>	Warehouse Worker
<input type="checkbox"/>	Warehousing			<input type="checkbox"/>	Paralegal	<input type="checkbox"/>	Welding
				<input type="checkbox"/>	Phones	<input type="checkbox"/>	L Spanish
				<input type="checkbox"/>	P/T Clerical	<input type="checkbox"/>	S Adobe Photo Shop
				<input type="checkbox"/>	Quality Control	<input type="checkbox"/>	Desktop Publishing
				<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Email
				<input type="checkbox"/>	Supervisory Experience	<input type="checkbox"/>	Internet
				<input type="checkbox"/>	Switchboard	<input type="checkbox"/>	Macintosh
				<input type="checkbox"/>	Tax Preparer	<input type="checkbox"/>	MS Access
				<input type="checkbox"/>	Telemarketing	<input type="checkbox"/>	MS Excel
				<input type="checkbox"/>		<input type="checkbox"/>	MS Internet Explorer
				<input type="checkbox"/>		<input type="checkbox"/>	MS PowerPoint
				<input type="checkbox"/>	I Assembly	<input type="checkbox"/>	MS Windows
				<input type="checkbox"/>	Auto Truck Mechanic	<input type="checkbox"/>	MS Word
				<input type="checkbox"/>	Bartender	<input type="checkbox"/>	Peachtree Accounting
				<input type="checkbox"/>	Building Maintenance	<input type="checkbox"/>	SAP
				<input type="checkbox"/>		<input type="checkbox"/>	Quick Books/ QBooks Pro
				<input type="checkbox"/>		<input type="checkbox"/>	Word Perfect

Smoking ___ Non-Smoking ___ No Preference ___ Minimum Acceptable Pay? _____
 Are you available Short-Term? Y / N Are you available Long-Term/ Perm ? Y / N
 What shifts are you available? 1st 2nd 3rd Are you on lay-off or subject to recall? Y / N
 Do you have reliable transportation? Y / N
 Are you on file with Employment Security Commission: Y / N
 Are you currently registered with any other temporary service? Y / N
 If so, please list agency:

REFERENCE CHECK FORM

Applicant Authorization

I, _____ (print name), **authorize my former employer to furnish**
 _____ (staffing company) **with the information requested on this form.**

Applicant Signature: X _____ **Date:** X _____

******* STOP HERE *******

INFORMATION BELOW WILL BE FURNISHED BY PREVIOUS EMPLOYERS

Work Reference

Company Name: _____ Phone #: _____

Contact Person/Title: _____ Job Title & Duties: _____

Employment Dates: _____ Reason for Leaving: _____ Eligible for rehire? Yes No

Tools or Software used: _____

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	COMMENTS
RELIABILITY						
ATTENDANCE						
QUALITY OF WORK						
COOPERATION						
WORK PERFORMANCE						

Additional Information: _____

