



## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all information is complete. PLEASE PRINT except for signature pages.

### PRE-APPLICATION QUESTIONNAIRE

1. Are you telephone accessible? YES NO
2. Are you willing to participate in a drug screening according to policy? YES NO
3. Will you release your background information inclusive of criminal records? YES NO
4. What type of position are you applying for?
- Clerical/Office Administrative
  - Medical Office
  - Lt Industrial
5. Do you have at least 6 months experience in the area of interest? YES NO
6. Do you have your own Transportation? YES NO DRIVER LICENSE# \_\_\_\_\_ CLASS \_\_\_\_\_
7. Have you ever worked for a Temp Service Before? YES NO If, yes, where?

### PERSONAL DATA

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Phone Number

\_\_\_\_\_  
Home Email Address \*\* Mandatory\*\*

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Email Address

*PREVIOUS ADDRESSES: Must complete if resided at present address less than five (5) years.*

\_\_\_\_\_  
Address: City State Zip

\_\_\_\_\_  
Address City State Zip

### EMERGENCY CONTACT:

\_\_\_\_\_  
Name Address Day Phones

**EMPLOYMENT HISTORY**

If you have had more than three jobs in the last five years, please attach resume. List most recent employers first.

**Date:** From \_\_\_\_\_ to \_\_\_\_\_ **Employer Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work/Duties Performed:** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Date:** From \_\_\_\_\_ to \_\_\_\_\_ **Employer Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work/Duties Performed:** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Date:** From \_\_\_\_\_ to \_\_\_\_\_ **Employer Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work/Duties Performed:** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**GENERAL**

**If you have more than two college degrees, please attach your resume providing all degrees attained.**

Other Name/Names used by Applicant: \_\_\_\_\_

High School Name: \_\_\_\_\_ Highest Year Completed: \_\_\_\_\_ Graduated: Yes or No/ GED

College Name & Location: \_\_\_\_\_ State Date: \_\_\_\_\_ End Date \_\_\_\_\_

Major: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_ Degree \_\_\_\_\_

College Name & Location: \_\_\_\_\_ State Date: \_\_\_\_\_ End Date \_\_\_\_\_

Major: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_ Degree \_\_\_\_\_

Special Schools/Courses (Bus/Tech/Voc/Adult Ed) \_\_\_\_\_ Course \_\_\_\_\_

US Military Service (Include Branch/Rank) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge Received: \_\_\_\_\_

Do you have a Security Clearance? Yes/No Level/Date: \_\_\_\_\_

If "Yes" please indicate Your Place of Birth (City/State) \_\_\_\_\_

Do you have any condition that may limit your ability to perform the job applied for? Yes No

If "Yes", what can be done to accommodate you? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

A conviction will not necessarily disqualify an applicant from employment. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and rehabilitation will be taken into account.

**I certify the information I provided is true. I understand that providing false information will result in immediate termination of my assignment.**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_