

# EMPLOYMENT APPLICATION PLEASE DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

PLEASE PRINT						
First Name	M.I.			Last		
Apartment #	Street Address		Preferred Name / Nickname	·		
City	State	Zip Code	Today's Date			
( ) Home Phone	Alternate/Work Phone	E-Mail Address	( ) Emergency N	Jumber Contact		
PLEASE PLACE A CHE	CCK BY YOUR RESPONSE	OR PROVIDE THE APPR	OPRIATE INFORMATION			
Are you interested in:	Temporary / Cor	nsulting Work	Permanent Placement	Part-time		
How did you hear about us	? Classified Ad	Friend (Name)	Ra	dio Internet		
Hourly Pay (minimum if ap	oplicable)	Annual Pay (minimum)	Annual Pay (desired)			
	cted of a felony, convicted of matically bar you from emplo		nonesty or moral turpitude, or c	onvicted in a military court martial?		
If yes, Please exp	olain					
Is it legal for you to work in	n this country? Yes	No When	are you able to start work? (Da	te)		
What hours do you prefer to	o work?					
Full-Time (norma	al business hours) Pa	rt-Time Full-Time (2 <sup>nd</sup>	shift) Full-Time (3 <sup>rd</sup> shift	e) Weekend (Days)		
In what local area do you p	orefer to work?					
Will you work in a non-sm	oking office? Yes No	Smoking office? (in s	tates where smoking at work is	allowed.) Yes No		
	not accessible by public trans					
•	f you are looking for a pe		Complete items that are a	pplicable.		
Position Desired:			If presently employed,	What is the name of your current		
Would you consider a positive No	tion involving relocation, ever	next salary review date:	employer?			
If yes, list location preferences:			Date of Last Increase:	What % Will You Travel?		
1	3		//	None		
2	4	Amount of Last Increase:	To 25 % To 50 % Over 50%			



INTV:	TS:	

Division	Interviewer	Results		
		/ / /		
		/ / /		
		/ / /		

An Equal Opportunity Employer

## Please complete and attach resume

### IN ADDITION TO ATTACHING YOUR RESUME, please list your work experience below (last job first)

			_				, 1				, ,
	OMPANY NAME ND LOCATION 1. WHAT DOES THE COMPANY DO?		PC OR	OSITION DUTIES	1. SALARY / PAY RATE		DATES (MM/YY)	REASON FOR LEAVING	COMPANY PHONE NUMBER		
		2. SUPERVISO	R'S NAME				2. BONU	JS			
		1.					1. \$		FROM		
		2.					2.		ТО		
		1.					1. \$		FROM		
		2					2.		ТО		
		1.					1. \$		FROM	_	
		2.					2.		ТО		
		1.					1. \$		FROM	_	
		2.					2.		то		
		1.					1. \$		FROM		
2.				2.		ТО					
RELEVAN	T EDUCA	TION (LIST TWO	) HIGHEST	·):				ı			
DEGREE	COLLEC	GE/SCHOOL & LC	CATION	MAJO	R	GPA	SCALE	OTHER	R EDUCATIONAL	INFORMATION:	
Professional Certifications, Affiliations and/or Licenses (indicate state)											
							FERENC				
Name Relation		onsh	nship Company		Pho	one/Alt. Phone					

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#### **CERTIFICATE OF CANDIDATE** (To Be Completed By All Candidates)

General: I have submitted the attached form to the company for the purpose of obtaining assistance in securing permanent, temporary, or contract employment. I understand that I will never be charged a fee by the company. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. I certify as to the accuracy of the matters set forth herein and in my resume and understand that any misstatement of fact may cause me to be refused employment or to lose my employment.

<u>References</u>: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE:
(Candidate)	

Do you have any friends who might like to apply with us? If so, please provide names and phone numbers: