

NAME (LAST, FIRST, MIDDLE)		BIRTHDATE			SOCIAL SECURITY NUMBER			
ADDRESS	STREET	CITY	STATE	ZIP	HOME TELEPHONE	CELL PHONE	OTHER TELEPHONE	
E-MAIL ADDRESS				IN CASE OF EMERGENCY, NOTIFY - NAME		EMERGENCY TELEPHONE		
RIGHT TO WORK IN US		ALRN RES.#	ALRN RES. EXP. DATE		WHAT POSITION ARE YOU APPLYING FOR?		DATE AVAILABLE FOR WORK	MINIMUM RATE PER HOUR \$ _____ /HR
<input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?		HOW DID YOU HEAR OF US?			WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME:		<input type="checkbox"/> 1ST SHIFT <input type="checkbox"/> 2ND SHIFT <input type="checkbox"/> 3RD SHIFT	
<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		PREFERRED SHIFT	
DAYS AVAILABLE TO WORK IN:		AVAILABLE TO WORK FROM			<input type="checkbox"/> TRANSPORTATION AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WILL ACCEPT SAME DAY ASSIGNMENT <input type="checkbox"/> AVAILABLE LONG TERM ASSIGNMENT <input type="checkbox"/> AVAILABLE PART-TIME		<input type="checkbox"/> AVAILABLE FULL-TIME <input type="checkbox"/> TEMP TO HIRE <input type="checkbox"/> AVAILABLE DIRECT HIRE <input type="checkbox"/> RESUME ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN						
		<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN						

WORK SKILLS CHECK YOUR SKILLS AND KIND OF WORK YOU HAVE DONE

SKILLED <input type="checkbox"/> CARPENTER <input type="checkbox"/> ELECTRICIAN <input type="checkbox"/> PLUMBER <input type="checkbox"/> WELDER <input type="checkbox"/> MILLER <input type="checkbox"/> WELDER <input type="checkbox"/> MACHINIST <input type="checkbox"/> DEMOLITION <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> MECHANIC <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> PAINTER <input type="checkbox"/> FLAGGER <input type="checkbox"/> MOWER <input type="checkbox"/> LAUNDRY <input type="checkbox"/> ROAD CREW <input type="checkbox"/> DISSEMINATED <input type="checkbox"/> GENERAL LABOR <input type="checkbox"/> MILLWRIGHT <input type="checkbox"/> CONCRETE	FACTORY <input type="checkbox"/> MECHANICAL ASSEMBLER <input type="checkbox"/> ELECTRONIC ASSEMBLER <input type="checkbox"/> PC BOARD ASSEMBLER <input type="checkbox"/> TROUBLESHOOTER <input type="checkbox"/> INSPECTOR <input type="checkbox"/> PICKER/PACKER <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> MACHINE OPERATOR <input type="checkbox"/> PRODUCTION LINE <input type="checkbox"/> PRODUCTION CULL	WAREHOUSE <input type="checkbox"/> COMPUTER SKILLS <input type="checkbox"/> RECEIVING <input type="checkbox"/> SHIPPING <input type="checkbox"/> UNLOADING/LOADING <input type="checkbox"/> HAND JACK <input type="checkbox"/> FORK/LIFT <input type="checkbox"/> STACK UP <input type="checkbox"/> SET DOWN <input type="checkbox"/> CHECKER PICKER <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> ORDER SELECTOR	EQUIPMENT <input type="checkbox"/> BACKHOE <input type="checkbox"/> BULLDOZER <input type="checkbox"/> DIRT/SIDE FORK/LIFT <input type="checkbox"/> DRUM <input type="checkbox"/> DRILL <input type="checkbox"/> SAW <input type="checkbox"/> BAL. SUB <input type="checkbox"/> JACK HAMMER	SUPPLIES AVAILABLE <input type="checkbox"/> HARD HAT <input type="checkbox"/> TOOLS <input type="checkbox"/> SAFETY GLASSES <input type="checkbox"/> STEEL TOE WORK BOOTS <input type="checkbox"/> FLUORESCENT VEST <input type="checkbox"/> GLOVES	
OTHER SKILLS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				DRIVER <input type="checkbox"/> LICENSE <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> TRACTOR TRAILER <input type="checkbox"/> DELIVERY TRUCK <input type="checkbox"/> DELIVERY VAN <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> CLUTCH	

PREVIOUS EMPLOYMENT	NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP PHONE	SUPERVISOR	EMP. NUMBER	POSITION	REASON FOR LEAVING
1.						
2.						
3.						
4.						

EDUCATION	NAME OF SCHOOL	DEGREE	DIPLOMA/CERT	HAVE YOU EVER WORKED FOR OR APPLIED WITH A TEMPORARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE FIRMS AT WHICH YOU WORKED AS A TEMPORARY FIRM NAMES & ADDRESS:
HIGH SCHOOL				
UNIVERSITY				
COLLEGE				
OTHER				

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in this application will be the basis for termination. I hereby authorize you, all former employees and others given by me as references, to answer all questions and to give all information in connection with this application or in any way concerning me. I hereby authorize this company to investigate my background inclusive of criminal records and I also agree to submit to a drug screen upon request or as specified by company policy. Your employment of me will not be for a fixed period of time and may be terminated by you at any time without liability to me except for wages and salary as have been earned by me at the date of such termination. I also understand and agree that it is my responsibility to notify you of my availability on a weekly basis at a minimum and after my assignments are completed, and if I do not, my employment will be considered terminated.

SIGNATURE _____ DATE _____