

NAME (LAST, FIRST, MIDDLE) _____ (NICKNAME) _____ 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: ALLEN REG? _____ ALLEN REG. EXP. DATE: _____ WHAT POSITION ARE YOU APPLYING FOR? _____ DATE AVAILABLE FOR WORK: _____ MINIMUM RATE PER HOUR: \$ _____ HR _____

YES NO

HAVE YOU EVER BEEN CONTACTED BY A RECRUITER? YES NO HOW DID YOU HEAR OF US? _____ WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME? MON TUE WED THU FRI SAT SUN 1ST SHFT 2ND SHFT 3RD SHFT

PREferred SHIFT _____

AVAILABLE TO WORK IN: _____ AVAILABLE TO WORK FROM: _____ WILL ACCEPT SAME DAY ASSIGNMENT AVAILABLE LONG TERM ASSIGNMENT AVAILABLE PART TIME WILLING TO TRAVEL AVAILABLE DIRECT HIRE RESUME ATTACHED? YES NO

_____ AM TO _____ AM _____ PM TO _____ PM

WORK ON US! IF CHECK YOUR SKILLS AND KIND OF WORK YOU HAVE DONE

ADMINISTRATIVE ASSISTANT <input type="checkbox"/> GENERAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> LEGAL <input type="checkbox"/> MARKETING <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> FINANCIAL OFFICE <input type="checkbox"/> CUSTOMER SERVICE <input type="checkbox"/> TELEMARKETING - IN <input type="checkbox"/> TELEMARKETING - OUT <input type="checkbox"/> FILING <input type="checkbox"/> MAIL ROOM	RECEPTIONIST <input type="checkbox"/> ANSWERING LINES _____ <input type="checkbox"/> EXTENDING _____ <input type="checkbox"/> SWITCHBOARD <input type="checkbox"/> HEADPHONE OTHER SKILLS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	EQUIPMENT <input type="checkbox"/> TYPOWRITER <input type="checkbox"/> COPIER / FAX <input type="checkbox"/> MULTI PHONE LINE PHONE SYSTEM <input type="checkbox"/> POSTAGE METER <input type="checkbox"/> CALCULATOR <input type="checkbox"/> PROJECTOR <input type="checkbox"/> COMPUTER <input type="checkbox"/> EMAIL <input type="checkbox"/> INTERNET <input type="checkbox"/> SCANNER <input type="checkbox"/> PDA <input type="checkbox"/> OFFICE SOFTWARE PROGRAMS: Word / Excel / Outlook / PowerPoint	BOOKKEEPING <input type="checkbox"/> FULL CHARGE <input type="checkbox"/> ASSISTANT <input type="checkbox"/> ACCTS PAYABLE <input type="checkbox"/> ACCTS RECEIVABLE <input type="checkbox"/> COLLECTIONS <input type="checkbox"/> RECONCILIATION <input type="checkbox"/> PAYROLL <input type="checkbox"/> TAX PREPARATION <input type="checkbox"/> SOFTWARE <input type="checkbox"/> MANUAL <input type="checkbox"/> BUDGET ANALYSIS <input type="checkbox"/> AUDITING <input type="checkbox"/> INVOICING	MEDICAL OFFICE SUPPORT <input type="checkbox"/> MEDICAL RECEPTIONIST <input type="checkbox"/> MEDICAL RECORDS <input type="checkbox"/> MEDICAL ASSISTING <input type="checkbox"/> BILLING - I CDW CODING <input type="checkbox"/> NPCCS / CPT CODING <input type="checkbox"/> INSURANCE VERIFICATION <input type="checkbox"/> PRIVATE / MEDIGAN / MEDICAD <input type="checkbox"/> MEDISNPT <input type="checkbox"/> MEDICAL MANAGER <input type="checkbox"/> TRIENNO CONTACT <input type="checkbox"/> MEDICAL TERMINOLOGY
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PREVIOUS EMPLOYMENT	NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP, PHONE	SUPERVISOR	PAY PERIOD	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 & ADDRESSES:
HIGH SCHOOL				
ASSOCIATE IN COLLEGE				
BACHELOR'S DEGREE				

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, or former employees and others given by me or reference, to contact all persons 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 including of criminal records and I also agree to submit to a drug screen upon request or as specified by ReadyMen Staffing Services, LLC policy. Your employment with 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 _____