



EMPLOYMENT APPLICATION

Date: _____

For Office Use Only:

EMPLOYMENT Type: FULL PART SEASONAL TEMP

START DATE: _____

HOURS: _____

KEY TAG ASSIGNED: _____

STAFFID: _____ Yearly Fee Rate: _____ Renewal Date & Rate: _____

PERSONAL INFO:

Full Name: _____ DL#: _____ State: _____

Home Address: _____ Apt/Unit Number: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt/Unit Number: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ SSN: _____

Primary Phone: Mobile Home _____ Alternative Phone: _____

Email: _____

Preferred Method of Contact: Email Phone Preferred Time of Contact: Early A.M. Noon After 5

Primary Physician:

Company Name: _____ Phone: _____

Doctor Name: _____ Fax: _____

Address: _____ Unit/Suite Number: _____

City: _____ State: _____ Zip Code: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____

Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____

EMPLOYMENT HISTORY:

Company Name: _____ Supervisor: _____

Current/Last held Position: _____ Supervisor Phone: _____

Company Address: _____ Unit/Suite: _____ City: _____

State: _____ Zip Code: _____ Reason/circumstances for leaving? _____

Starting Pay Rate: _____ Ending Pay Rate: _____ Other Benefits? _____



EMPLOYMENT APPLICATION

Date: _____

Company Name: _____ Supervisor: _____

Current/Last held Position: _____ Supervisor Phone: _____

Company Address: _____ Unit/Suite: _____ City: _____

State: _____ Zip Code: _____ Reason/circumstances for leaving? _____

Starting Pay Rate: _____ Ending Pay Rate: _____ Other Benefits? _____

Are you a previous or current member?	YES	NO	Do you smoke?	YES	NO
Do you currently have high blood pressure or any health related problems?				YES	NO
Do you have reliable transportation to come and go for the requested work schedule?				YES	NO
Have you ever been forceful removed from a place of employment/from an employer?				YES	NO
Are you currently on probation or have any pending criminal charges?				YES	NO
Do you have any felonies, sealed/unsealed, or any charges related to theft?				YES	NO
Do you consent to background checks including criminal records and credit history?				YES	NO
Have you ever been terminated from an employer due to attendance?				YES	NO

By signing below you agree that all the above information provided is true and correct, should any information above found to be false is grounds for immediate termination.

Signature: _____ Print: _____

Today's Date: _____