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Personnel			
Today's Date <input type="text"/>			
First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	Nickname <input type="text"/>
Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	E-mail <input type="text"/>
Home Phone <input type="text"/>	Other Phone <input type="text"/>	Emergency Contact: <input type="text"/>	Emergency Phone <input type="text"/>
General Information			
Type of work desired <input type="checkbox"/> General Labor <input type="checkbox"/> Farm Labor <input type="checkbox"/> Hospital <input type="checkbox"/> Office Services/Clerical <input type="checkbox"/> Marketing / Sales <input type="checkbox"/> Professional <input type="checkbox"/> Light Industrial <input type="checkbox"/> Heavy Industrial <input type="checkbox"/> Technical / Engineering			
Are you willing to work in a smoking environment? <input type="radio"/> No <input type="radio"/> Yes		What is your lifting capacity? <input type="radio"/> 10 lbs <input type="radio"/> 25 lbs <input type="radio"/> 50 lbs <input type="radio"/> 80 lbs <input type="radio"/> 100 lbs <input checked="" type="radio"/> 100+ lbs	
Drivers License Issuing State <input type="text"/>	Drivers License Number <input type="text"/>	Are you willing to take a drug test? <input type="radio"/> No <input type="radio"/> Yes	
Any history of legal convictions? (if yes please explain) <input type="radio"/> No <input type="radio"/> Yes <input type="text"/>		Are you a veteran? <input type="radio"/> No <input type="radio"/> Yes	
Have you ever been bonded? <input type="radio"/> No <input type="radio"/> Yes	Date <input type="text"/>	Details <input type="text"/>	
Availability			
First Date Available <input type="text"/>	Last Date Available <input type="text"/>	Wage / Salary Required <input type="text"/>	
Number of hours preferred per week <input type="text"/>	How far are you willing to travel? <input type="text"/>	How are you planning on getting to work? <input type="text"/>	
How much notice do you require to begin employment?			

<input type="radio"/> Same Day <input type="radio"/> One Day <input type="radio"/> Two Days <input type="radio"/> One Week <input type="radio"/> Two weeks <input type="radio"/> One month		
Preferred assignment duration <input type="radio"/> Long term <input type="radio"/> Short term		
Are you willing to work overtime? <input type="radio"/> No <input type="radio"/> Yes	Are you a student? <input type="radio"/> No <input type="radio"/> Yes	Are you on layoff / recall? <input type="radio"/> No <input type="radio"/> Yes
Please select shift preference (1st, 2nd, 3rd) Indicate days of week available with an "X"		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
High School		
Name of Institution	City / State	Degree Type
<input type="text"/>	<input type="text"/>	<input type="radio"/> Diploma <input type="radio"/> G.E.D.
Major / Study	Did you graduate?	
<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	
College or Technical School		
Name of Institution	City / State	Degree Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Major/Study	Dates Attended From	Did you graduate?
<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes
College or Technical School		
Name of Institution	City / State	Degree Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Major/Study	Dates Attended From	Did you graduate?
<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes

Employment History (start with most recent employer)

Past Employer #1				
Company Name		City / State		Phone Numl
<input type="text"/>		<input type="text"/>		<input type="text"/>
Job Title	Starting Pay	Ending Pay	Starting Date (month/year)	Ending Date (month/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you work? <input type="radio"/> Part Time <input type="radio"/> Full Time	Job Description			
<input type="text"/>	<input type="text"/>			
Supervisor's Name	Reason For Leaving	May we call this employer for a reference?		
<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes		
Past Employer #2				
Company Name		City / State		Phone Numl
<input type="text"/>		<input type="text"/>		<input type="text"/>

Job Title <input type="text"/>	Starting Pay <input type="text"/>	Ending Pay <input type="text"/>	Starting Date (month/year) <input type="text"/>	Ending Date (month/year) <input type="text"/>	
Did you work? <input type="radio"/> Part Time <input type="radio"/> Full Time	Job Description <input type="text"/>				
Supervisor's Name <input type="text"/>	Reason For Leaving <input type="text"/>	May we call this employer for a reference? <input type="radio"/> No <input type="radio"/> Yes			
Past Employer #3					
Company Name <input type="text"/>		City / State <input type="text"/>		Phone Num <input type="text"/>	
Job Title <input type="text"/>	Starting Pay <input type="text"/>	Ending Pay <input type="text"/>	Starting Date (month/year) <input type="text"/>	Ending Date (month/year) <input type="text"/>	
Did you work? <input type="radio"/> Part Time <input type="radio"/> Full Time	Job Description <input type="text"/>				
Supervisor's Name <input type="text"/>	Reason For Leaving <input type="text"/>	May we call this employer for a reference? <input type="radio"/> No <input type="radio"/> Yes			
References					
Personal or Professional References					
1. Name	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>
2. Name	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>

Job Related Skills

Business / General Office (Select if you have 3+ months experience)

Accounting / Finance	Computer	Software/Hardware	General	Sales	Miscella
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> SQL Server	<input type="checkbox"/> Telephone Lines	<input type="checkbox"/> Inside Sales	<input type="checkbox"/> Biling
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Word	<input type="checkbox"/> Oracle	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Outside Sales	<input type="checkbox"/>
<input type="checkbox"/> Payroll	<input type="checkbox"/> Excel	<input type="checkbox"/> Visual C++	<input type="checkbox"/> Typing WPM: <input type="text"/>	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Hum
<input type="checkbox"/> Accounting Software	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Visual Basic	<input type="checkbox"/> Legal Secretary	<input type="checkbox"/> Retail	<input type="checkbox"/> Insur
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> Email	<input type="checkbox"/> Windows NT Server	<input type="checkbox"/> Medical Secretary	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Legal
<input type="checkbox"/> Banking	<input type="checkbox"/> Internet	<input type="checkbox"/> Novell Netware	<input type="checkbox"/> Receptionist		<input type="checkbox"/> Mana
<input type="checkbox"/> Mortgage Lending	<input type="checkbox"/> Graphics	<input type="checkbox"/> Unix	<input type="checkbox"/> Teller		<input type="checkbox"/> Teach

Industrial / Technical / Other (Select if you have 3+ months experience)

<input type="checkbox"/> General Labor	<input type="checkbox"/> Drafting	<input type="checkbox"/> Food Service	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Plumber
<input type="checkbox"/> Assembly Line	<input type="checkbox"/> AutoCAD	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Masonry	<input type="checkbox"/> Route Driver / Delivery
<input type="checkbox"/> Inspection	<input type="checkbox"/> Electrician	<input type="checkbox"/> Cooks	<input type="checkbox"/> Auto Mechanic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Packaging	<input type="checkbox"/> Electrician Apprentice	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Diesel Mechanic	<input type="checkbox"/> Welder
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Manager	<input type="checkbox"/> Metal Fabrication	<input type="checkbox"/> Certified Welder
<input type="checkbox"/> Carpentry Experience	<input type="checkbox"/> Electronic Technician	<input type="checkbox"/> Wait staff	<input type="checkbox"/> Painter	<input type="checkbox"/> Type <input type="text"/>
<input type="checkbox"/> Framing	<input type="checkbox"/> Engineer	<input type="checkbox"/> Cashier	<input type="checkbox"/> Print Shop	<input type="checkbox"/> C.N.A.
<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Farm Labor	<input type="checkbox"/> Forklift	<input type="checkbox"/> Security	<input type="checkbox"/> Lab Technician
<input type="checkbox"/> Construction	<input type="checkbox"/> Dairy	<input type="checkbox"/> Certified	<input type="checkbox"/> Shipping & Receiving	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Roofing	<input type="checkbox"/> Poultry	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Truck Driver	
<input type="checkbox"/> Residential	<input type="checkbox"/> Swine	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Class A	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Grain	<input type="checkbox"/> Machinist	<input type="checkbox"/> Landscaper	
		<input type="checkbox"/> CNC		

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date: Name: