

EMPLOYMENT APPLICATION

GENERAL INFORMATION					
Last Name		First Name		Middle Name	Maiden / Former Last Name
Street Address / Apt #			City		State
Zip Code	Home Phone	Cell Phone	Work Phone	Personal E-mail Address	
Name of person to contact in case of emergency			Phone		Relationship

CRIMINAL BACKGROUND	
Have you ever been convicted of a crime other than a minor traffic violation? A yes answer does not preclude you from employment. If yes, please explain.	
<input type="radio"/> YES	
<input type="radio"/> NO	

EDUCATION			
	High School	College	Other
School Name			
Dates Attended			
Major	////////////////////////////////////		
Degree	////////////////////////////////////		

TEMPORARY WORK HISTORY (Companies Where You Worked As A Temporary)		
Company	Position	Supervisor

PREVIOUS EMPLOYERS (Not Including Temporary)		
	Most Recent	Previous
Company		
Dates		
Position		
Salary		
Reason for Leaving		
Supervisor		
Phone Number		

HOW DID YOU HEAR ABOUT OUR COMPANY?	
<input type="radio"/> CAREERBUILDER	<input type="radio"/> NEWS & OBSERVER
<input type="radio"/> CRAIG'S LIST	<input type="radio"/> YELLOW PAGES
<input type="radio"/> REFERRAL	<input type="radio"/> OTHER

I authorize you and all former employers, 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 agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. My employment may be terminated by you at any time without liability to me except for wages that have been earned by me as of the date of termination. I understand that if accepted for employment, I will be working for you on your payroll, at your clients' premises. I understand that any information I learn while working for a client is to be kept confidential. It is agreed that I will not accept permanent employment with your client without your permission or I will be financially liable. I agree to notify you within 48 hours of the conclusion of each assignment regarding my availability for work. If I fail to give such notice, you may assume that I am not available for reassignment, and am not ready, willing and able to work. I state that the information provided you on this application is true and complete. I understand that it shall be grounds for immediate dismissal if any of the information contained herein are found to be untrue. I will hold you harmless from any claims, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application.

Application Signature :	Date Completed :
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