

EMPLOYMENT APPLICATION

State & Federal law prohibit discrimination based on age, sex or national origin E.O.P.



LAST NAME		FIRST NAME			M.I.	SOCIAL SECURITY NUMBER		
ADDRESS		CITY	STATE	ZIP	HOME PHONE		ALT PHONE	CELL PHONE
CITY AND STATE OF BIRTH		CITIZEN OF US? <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS			HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IN CASE OF EMERGENCY, NOTIFY – NAME:		ADDRESS			PHONE			
WHAT POSITION ARE YOU APPLYING FOR:		DATE AVAILABLE FOR WORK:		MINIMUM RATE PER HOUR \$ _____/HR		HOW DID YOU HEAR OF US?		
WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME <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		CITIES AVAILABLE TO WORK IN		<input type="checkbox"/> 1 ST SHIFT	AVAILABLE TO WORK FROM ____ AM TO ____ AM ____ PM TO ____ PM		<input type="checkbox"/> AVAILABLE LONG TERM ASSIGNMENTS <input type="checkbox"/> WILL ACCEPT SAME DAY ASSIGNMENT <input type="checkbox"/> TEMP TO HIRE <input type="checkbox"/> CAR AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RESUME ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

INDUSTRIAL WORK SKILLS – Check your skills and type of work that you have done.

GENERAL <input type="checkbox"/> Carpenter <input type="checkbox"/> Construction <input type="checkbox"/> Electrician <input type="checkbox"/> Painter <input type="checkbox"/> Plumber <input type="checkbox"/> Inventory <input type="checkbox"/> HVAC <input type="checkbox"/> Mover <input type="checkbox"/> Welder <input type="checkbox"/> Laundry <input type="checkbox"/> Solderer <input type="checkbox"/> Road Const. <input type="checkbox"/> Demolition <input type="checkbox"/> Digger/Raker <input type="checkbox"/> Supervisor <input type="checkbox"/> Casual Labor <input type="checkbox"/> Mechanic <input type="checkbox"/> _____ <input type="checkbox"/> Validator <input type="checkbox"/> _____	FACTORY <input type="checkbox"/> Mechanical <input type="checkbox"/> Assembler <input type="checkbox"/> Electronic <input type="checkbox"/> Assembler <input type="checkbox"/> Inspector <input type="checkbox"/> Packer <input type="checkbox"/> Quality Control <input type="checkbox"/> Machine Operator <input type="checkbox"/> _____ <input type="checkbox"/> _____	MAINTENANCE <input type="checkbox"/> Building Repair <input type="checkbox"/> Cleaning <input type="checkbox"/> Floor Care <input type="checkbox"/> Landscaping <input type="checkbox"/> Lawn Care <input type="checkbox"/> Hotel Cleaning <input type="checkbox"/> Janitorial <input type="checkbox"/> _____ <input type="checkbox"/> _____	EQUIPMENT <input type="checkbox"/> Truck <input type="checkbox"/> Backhoe <input type="checkbox"/> Tractor <input type="checkbox"/> Outside Fl <input type="checkbox"/> Crane <input type="checkbox"/> Drill <input type="checkbox"/> Saw <input type="checkbox"/> Nail Gun <input type="checkbox"/> Jack Hammer <input type="checkbox"/> _____	WAREHOUSE <input type="checkbox"/> Computer Skills <input type="checkbox"/> Receiving <input type="checkbox"/> Shipping <input type="checkbox"/> Load/Unload <input type="checkbox"/> Hand Jack <input type="checkbox"/> Forklift <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Clamp Truck <input type="checkbox"/> _____	ARE YOU COLLECTING UNEMPLOYMENT COMPENSATION? <input type="checkbox"/> YES (_____/WK) <input type="checkbox"/> NO SUPPLIES AVAILABLE <input type="checkbox"/> Hard Hat <input type="checkbox"/> Tools <input type="checkbox"/> Glasses <input type="checkbox"/> Steel Toe Boots TYPE OF WORK DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	IF RELEVANT FOR THE JOB YOU ARE APPLYING: ARE YOU ABLE TO LIFT 50LB SACKS ON A CONTINUED HR-BY-HR, DAY-BY-DAY BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU PREFER TO WORK IN A SMOKING OR NON-SMOKING ENVIRONMENT? <input type="checkbox"/> SMOKING <input type="checkbox"/> NON-SMOKING DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CDL <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C LICENSE NUMBER _____
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PREVIOUS EMPLOYMENT		NAME OF EMPLOYER	PHONE OR ADDRESS	SUPERVISOR	DOES COMPANY USE TEMPORARY WORKERS?	PAY P/HOUR	POSITION	REASON FOR LEAVING
MO/YR	MO/YR				YES NO			
					YES NO			
					YES NO			

HAVE YOU EVER WORKED FOR OR APPLIED WITH A TEMPORARY SERVICE? YES NO

IF YES PLEASE LIST LAST POSITION FIRST (USE BACK IF NEEDED)

FROM (MO/YR)	TO (MO/YR)	COMPANY ASSIGNED	POSITION	PAY RATE

EDUCATION

HIGH SCHOOL NAME	YEARS ATTENDED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR STUDY
HIGHER EDUCATION-College, Trade or Business School	YEARS ATTENDED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR STUDY

Please rate your knowledge level:

BEGINNER/INTERMEDIATE/ADVANCED

ACCESS
 B I A

EXCEL
 B I A

POWER POINT
 B I A

WINDOWS
 B I A

WORD PROCESSING
 B I A

PHOTO EDITING SOFTWARE
 B I A

INTERNET BROWSER / E-MAIL
 B I A

INTERNET WEB DESIGN

PROGRAMS USED:

B I A

B I A

B I A

CLERICAL WORK SKILLS:

TYPING-APX SPEED

_____ WPM

- Statistical Typing
- Invoicing/Billing
- Steno
- Transcriber

DATA ENTRY

- ALPHA
- NUMERIC

ADDING MACHINES

- FULL 10 KEY TOUCH

RECEPTIONIST

OF INCOMING LINES

SWITCHBOARD SYSTEMS

FILING

- ALPHA NUMERIC CODING
- POSTING OTHER

BULK MAIL

TELEMARKETING

CUSTOMER SERVICE

ACCOUNTING

- FULL CHARGE ASSISTANT
- ACCTS PAY ACCTS REC
- MANUAL COMPUTER
- BOOKKEEPING PAYROLL
- COLLECTIONS TAXES
- RECONCILIATIONS

STENOGRAPHIC

APPX. SPEED _____ W.P.M.

- LEGAL
- MEDICAL

TRANSCRIBING MACHINES USED:

COMPUTERS:

TYPES OF COMPUTERS

- MAINFRAME MAC
- MINI(AS400) PC

FOREIGN LANGUAGES

 SPEAK READ WRITE

 SPEAK READ WRITE

 SPEAK READ WRITE

OTHER SKILLS/EXPERIENCE:

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I authorize you and all former employers, and others given by me as reference, to answer all questions and to give all information in connection with this application or in any way concerning me. I authorize M&M Staffing LLC to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I hereby authorize M&M Staffing LLC to investigate my background inclusive of any criminal records. I also agree to submit a drug test upon request or as specified by M&M Staffing LLC Substance Abuse Policy. I further agree that if employed by M&M Staffing LLC, if I ever make any claims against you for personal injuries, upon your request I shall submit to drug screens and examinations by physicians of your selection. M&M Staffing LLC's employment of me may be terminated at any time without any liability to me except for wages and salary earned by me at the date of such termination. I understand that it is my responsibility to notify M&M Staffing LLC of my availability on a weekly basis at a minimum or at the end of an assignment, and if not, I will be considered unavailable for work.

Signature: _____ Date: _____