

# EMPLOYMENT APPLICATION



I-9 Certified by \_\_\_\_\_

SS# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Employment Desired:  Full Time  Temp  Contract  Open

Your Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ How did you learn of us? \_\_\_\_\_

Desired Pay Rate: Temp \$ \_\_\_\_\_ /Hour Full time \$ \_\_\_\_\_ /Month

High School Graduate?  Yes  No

College Attended \_\_\_\_\_ # of Years \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

Special Coursework/Seminars \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Desired 1. \_\_\_\_\_

2. \_\_\_\_\_

Would you like your check mailed?

Yes  No

Phone (\_\_\_\_) \_\_\_\_\_

Message \_\_\_\_\_

Pager \_\_\_\_\_

E-mail \_\_\_\_\_

In Case of an Emergency, Notify \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Previous Employer (List Last Employer First)**

Name _____	Type of Business _____ Position Held _____
Address _____	Employment Dates: From ____/____/____ To: ____/____/____
City _____ State _____ Zip _____ Ph. _____	Starting Salary _____ Last Salary _____
Supervisor's Name & Title _____	Reason for Leaving _____

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City _____ State _____ Zip _____ Ph. _____	Starting Salary _____ Last Salary _____
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Business References	Peer References
Phone #	Phone #
1. _____ (____) _____	_____ (____) _____
2. _____ (____) _____	_____ (____) _____
3. _____ (____) _____	_____ (____) _____

Please list below companies you have contacted in the last 90 days. 1. _____ 2. _____ 3. _____	Have you ever worked temp/contract? If yes, what kind of assignments did you do and at what companies? Assignment _____ Co. _____ Phone _____ Assignment _____ Co. _____ Phone _____ Assignment _____ Co. _____ Phone _____
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<b>Have you ever had a security clearance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what level? _____ Termination Date _____  <b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain _____	<b>Circle days you cannot work</b> M T W T F S S Available <input type="checkbox"/> Days <input type="checkbox"/> Evenings Shift <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
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Please read the completed application over carefully before signing. The answers to the above questions are true and complete. I understand that any inaccurate or misleading information will cause rejection of this application or dismissal. I grant permission to ASN to check my references and I authorize my references to provide any information to the Company that they deem appropriate. I will not solicit nor accept employment with any Client to whom I may be assigned or presented to without written permission of ASN. In consideration for my employment, I agree that my employment and compensation can be terminated with or without notice, for any reason, at any time, at the option of either ASN or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Evaluation Sources: Type \_\_\_\_/\_\_\_\_ W.P.M. PAS (\_\_\_\_-\_\_\_\_-\_\_\_\_) OS (\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_)

Evaluation Sources: Safety \_\_\_\_\_ CSS (\_\_\_\_-\_\_\_\_-\_\_\_\_) MAS (\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_