

## PLEASE PRINT AND FILL OUT APPLICTION COMPLETELY:

			Γ	Date: 2/12/2020
Employee Name: Aramo	<mark>Duni</mark> ast	An	drew	
Address: 5538 Stor	necreek Way			
		Olaia		4.400
Hudson City		Ohio State		4423 CZip
Social Security Number:	<u>Text</u> /			0
Home Phone:	Cell Phone:	Text	Email:	Text
Position Applying For:	Text	Secondary Pos	sition(s):	
Have you ever filled out an app	lication with us before?	Text		
Are you currently employed? _	Text			
May we contact your present en	nployer?			
Are you currently on "lay off st	atus" and subject to recal	ıı? <u>Text</u>		
Can you perform the essential f	unctions of the job you a	re applying for? _	Text	
Are you willing to travel if the j	ob requires it? <b>Text</b> If	yes, circle your av	ailability. 100%	75% 50% 25%
Are you willing to relocate?	<u>ext</u>			
Date Available:Text	Hourly Rate Desire	ed: <u>Text</u>	Available Full Ti	me: Yes <b>Text</b> o
Are you a citizen of the United	States? Yes EXNo	If not are you auth	norized to work in	the U.S.? Yes No
Are you at least 18 years of age	: Yes Text No	Text		
How did you hear about Ling	o Staffing, Inc:			
Monster: Craigslist:	Newspaper:	Other:		
Client Referral: Company N	ame:Text			
Employee Referral: Employee N	ame:			

## CRIMINAL BACKGROUND HISTORY: Have you ever been convicted of a crime? Textes \_\_\_\_\_ No If yes please explain each conviction, the year and state it happened, and if the conviction resulted in incarceration. **CERTIFICATIONS:** (List all appropriate certifications that are current) EMPLOYMENT HISTORY: (Start with your present or last job. Include any job related military assignments and volunteer activities. If you need any additional space please continue on a separate piece of paper.) City:\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_ Telephone: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_No If no, why? \_\_\_\_\_ **Dates of Employment**: \_\_\_\_\_\_ Final Salary: \_\_\_\_\_ Position: \_\_\_\_\_ Duties Performed: Name and Title of Supervisor: \_\_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Company Name: \_\_\_\_\_ Address: City:\_\_\_\_\_ State: \_\_\_\_ Telephone: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_No If no, why? \_\_\_\_\_ **Dates of Employment**: \_\_\_\_\_\_ Final Salary: \_\_\_\_\_ Position: \_\_\_\_\_ Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: \_\_\_\_\_

 City:
 State:
 Zip:

 Telephone:
 May we contact this employer?
 Yes
 No If no, why?

Dates of Employment: \_\_\_\_\_ Final Salary: \_\_\_\_ Position: \_\_\_\_

Address:

City:\_\_\_\_\_ State: \_\_\_\_\_

Duties Performed:

Name and Title of Supervisor: _	 Reason for leaving:

LS-001-1/12

	School/Program Name	Location (City, State)	Years Completed	DATE Completed	Diploma/Degree/Certificate Received
High School					
Undergraduate					
College/University					
Graduate/Professional					
Military Training					
Other Training					
Other Training					
Additional Skills:					
<b>REFERENCES:</b> Pleas NAME	e list the names of p  COMPANY/R	•	•	al and <b>professi</b> on	onal reference: PHONE
EMERGENCY CONTA NAME	ACT: RELATIONSE	<del>I</del> IP		<u>PHO</u> 1	<u>NE</u>
	s any former employ orizes Lingo Staffing	g, Inc to relea	se relevant info		ou to Lingo Staffing, Inc. you to our clients where you

specifically acknowledges in writing. In the event of unemployment, I understand that false or misleading given in my

application or interview may result in discharge. I understand also that I am required to abide by all rules of the

employer.

Applicant's Signature

Date