

LAST NAME		FIRST NAME		INIT.	PHONE #		MESSAGE #		SOCIAL SECURITY #		DATE		SKILLS							
ADDRESS		CITY			STATE		COUNTY		ZIP		DO NOT WRITE IN SHADED AREAS									
PERMANENT ADDRESS (if different)		CITY			STATE		COUNTY		ZIP		YES RESULTS		EVALUATION RESULTS							
Are you currently employed?		Ever Bonded?			TYPE OF WORK APPLYING FOR:							OSHA <input type="checkbox"/>		MATH I _____						
Employment desired?		Are you at least 18 years old?										POLICIES <input type="checkbox"/>		MATH II _____						
Salary Requirements:		What days are you available:										WC-R <input type="checkbox"/>		FILING _____						
Minimum Acceptable:												STATE IDAHO <input type="checkbox"/>		CLERICAL _____						
Smoker?		What form of transportation will you use to get to your job(s)?			PQA <input type="checkbox"/>		COMPARISON _____													
Are you authorized to work in the United States? Do you have proof of your authorization with you today?					DRUG TEST <input type="checkbox"/>		GRAMMAR/PUNCT _____													
Have you been convicted of a felony?					I9 <input type="checkbox"/>		SPELLING _____													
How did you hear about Personnel Plus?					W4 <input type="checkbox"/>		DATA ENTRY _____													
Have you ever worked for a temporary service before? If yes, what service (s)?		Do you have a valid drivers license? State: _____ Class: _____ Number: _____ Expir. Date: _____ Auto Liability Insurance: <input type="checkbox"/> yes <input type="checkbox"/> no Company: _____ How far are you willing to commute?			APPEARANCE _____		WORD _____													
Comments:					<input type="checkbox"/> OUTSTANDING, GROOMING		BOOKKEEPING I _____													
					<input type="checkbox"/> AVERAGE ATTIRE, GROOMING		BOOKKEEPING II _____													
					<input type="checkbox"/> POOR, HYGIENE, GROOMING		TYPING _____													
Comments:		PERSONALITY _____		10 KEY _____																
		<input type="checkbox"/> OUTGOING & PLEASANT		FORKLIFT _____																
		<input type="checkbox"/> LIKEABLE		CASHIER _____																
		<input type="checkbox"/> OBJECTIONABLE		TELLER _____																
Comments:		ATTITUDE _____		OTHER _____																
		<input type="checkbox"/> FLEXIBLE & CONFIDENT		_____																
		<input type="checkbox"/> POLITE		_____																
		<input type="checkbox"/> NERVOUS		_____																
Comments:		<input type="checkbox"/> IRRITATED		_____																
		<input type="checkbox"/> UNCOOPERATIVE		_____																
		INITIATIVE _____		_____																
		<input type="checkbox"/> ASSERTIVE		_____																
Comments:		<input type="checkbox"/> CONTRIBUTES WILLINGLY		_____																
		<input type="checkbox"/> NEEDS PROMPTING		_____																
		<input type="checkbox"/> INDECISIVE		_____																
		_____		_____																
CHECK APPROPRIATE BOX & LIST NUMBER OF YEARS EXPERIENCE																				
SKILLS INVENTORY—LABOR / INDUSTRIAL																				
SKILLS INVENTORY—CLERICAL / PROFESSIONAL																				
GENERAL LABOR		YRS.	INDUSTRIAL		YRS.	PLASTIC/INJECTION		YRS.	CLERICAL		YRS.	BOOKKEEPING		YRS.	TECHNICAL		YRS.	MANAGMENT		YRS.
Landscaping			Gen. Labor-light			Assembly/Packaging			Receptionist			Accts. Receivable			Computer Tech.			Accounting		
Delivery			Gen. Labor-Med.			Machine Operator			Switchbrd #lines			Accts Payable			Copier Tech			CPA		
Janitorial			Gen. Labor-Heavy			Injection			Clerical			Payroll			Telecom Tech			Human Resources		
Warehouse			Machine Operator			Molding			Telephone #lines			Bank Reconciliation			Electronics Tech			Purchasing		
Inventory			Forklift Operator			Maintenance			Word processing			Posting			CAD Drafting			Public Relations		
Security			Packaging			Customer Service			Dictation			Trial Balance			Engineer			Information Systems		
Shipping/Receiving			Palletizing			Quality Assurance			Speed Writing			Financial Stmtnt Prep			Type:			Sales		
Cleanup			Sanitation			Prep Room			Typing word/min			Month End Close			Certificate:			Technical		
Farm Field			Lab			Glue Room			Statistical Typing w/m			Accounting			Telecommunications			Quality Assurance		
Dairy			Quality Assurance			Other (list):			Legal office			Tax			Computer Network			Construction		
Sprinkler			Maintenance			FOODSERVICE			Medical office			SOFTWARE USED:			SOFTWARE USED (list):			Farm		
Floral			Electrical			Waitress			Cashier			Quicken						Engineering		
Yards & Grounds			Electronics			Line cook			Teller			Peachtree						Other (list):		
Housekeeping			Hydraulics			Chef			Data entry			Other (list)								
CONSTRUCTION			Shipping/Receiving			Dishwasher			Mortgage			HEALTHCARE			SALES					
General Labor			Fish Processing			Hostess			Filing			CNA			Outside Sales					
Concrete Rough			SKILLED LABOR			Supervisor			Fax/Copier			LPN			Retail Sales			OTHER SKILLS (list):		
Concrete Finish			Diesel Mechanic			Banquet			Medical Term.			CMA			Route Sales					
Carpenter Rough			Auto Mechanic			Sanitation			Credit/Collection			Ward Clerk			Telemarketing					
Carpenter Finish			Small Engine Mech.			Warehouse			Customer Service			Lab Technician			Marketing					
Framing			Machinist			DRIVING			Title/Escrow			General Labor			Product Demo					
Read Blueprints			Tool & Die			Class (CDL)			SOFTWARE USED:			Housekeeping			Survey					
Roofing			Mill/Lathe			Endorsements:			Word			RN			Other (list):			COMMENTS:		
Painting			Welder																	

EMPLOYMENT HISTORY (Begin with most recent) (DO NOT WRITE IN SHADED AREAS)													Ref Check		
Work Record							Duties			Pay	Reason for leaving				
FROM		TO		EMPLOYER											
ADDRESS		CITY		STATE			ZIP								
SUPERVISOR		PHONE					SOCIAL SECURITY #		DATE		SKILLS				
FROM		TO		EMPLOYER											
ADDRESS		CITY		STATE			ZIP								
SUPERVISOR		PHONE					SOCIAL SECURITY #		DATE		SKILLS				
FROM		TO		EMPLOYER											
ADDRESS		CITY		STATE			ZIP								
SUPERVISOR		PHONE					SOCIAL SECURITY #		DATE		SKILLS				

EDUCATION / TRAINING SUMMARY:					High School Graduate		Yes	No	GPA:	In case of emergency, notify:			
Apprentice / Vocational / Technical / Special		Dates		Skills/Trade/License		Completed Yes No		Degree/Certificate		Name _____			
College / Education / Graduate School		Dates		Skills/Trade/License		Completed Yes No		Degree/Certificate		Address _____ Telephone _____			
										Doctor to Notify _____		Telephone _____	

APPLICANT AGREEMENT

I affirm that the statements made on this application are true and complete. I authorize Personnel Plus to investigate any statement contained in any part of this application, and I understand that any false statement, omission of fact, or misrepresentation of facts on this application or other forms provided to Personnel Plus will be grounds for termination and recovery of potential damages from me. I hereby authorize Personnel Plus and also authorize and request each former Employer, (except as indicated) and any person, firm or corporation given as a reference, to answer all questions that may be asked and to give all information that maybe sought concerning me, my work, habits, character, skills, or actions in any transaction.

I understand that completing this application does not constitute an employment agreement between me and Personnel Plus. If I do receive a conditional offer of employment, I agree to answer a physical qualifications assessment to determine my ability to perform the essential functions of jobs in the categories for which I am applying, and I understand that I will not be accepted for employment until successful completion of this assessment. If I am accepted for employment with Personnel Plus, I agree to submit to a drug/alcohol screening test.

NOTICE: This employment application form will remain effective for one month.

Signature _____	Date _____
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DO NOT WRITE BELOW THIS LINE									
CONDITIONAL OFFER OF EMPLOYMENT					POST-OFFER ELIGIBILITY DETERMINATION				
This person is eligible for Job assignments in the following categories:					This person is eligible for Job assignments in the following categories:				
<input type="checkbox"/> Clerical I <input type="checkbox"/> Light Labor <input type="checkbox"/> Medical <input type="checkbox"/> Sales <input type="checkbox"/> Clerical II <input type="checkbox"/> Medium Labor <input type="checkbox"/> Management <input type="checkbox"/> Technical /Professional <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Heavy Labor <input type="checkbox"/> CDL <input type="checkbox"/> Other _____					<input type="checkbox"/> Clerical I <input type="checkbox"/> Light Labor <input type="checkbox"/> Medical <input type="checkbox"/> Sales <input type="checkbox"/> Clerical II <input type="checkbox"/> Medium Labor <input type="checkbox"/> Management <input type="checkbox"/> Technical /Professional <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Heavy Labor <input type="checkbox"/> CDL <input type="checkbox"/> Other _____				
Conditional job offer not extended due to: <input type="checkbox"/> Availability <input type="checkbox"/> Skills <input type="checkbox"/> Other _____									
Personnel Plus		Date		Applicant	Personnel Plus		Date		Applicant
ORIENTATION: During my orientation with the Personnel Plus representative. I received the following: Initial _____									
<input type="checkbox"/> Policies & Procedures Statement <input type="checkbox"/> Welcome brochure <input type="checkbox"/> OSHA Orientation <input type="checkbox"/> Time Card <input type="checkbox"/> Drug & Alcohol Testing Policy Statement									
EMPLOYEE AGREEMENT									
I agree that my employment with Personnel Plus may be terminated at any time without liability to me for wages or salary except such as may have been earned at the date of such termination. I understand that my compensation from Personnel Plus shall be limited to the duration of any temporary assignment hereunder. I agree that if at any time I sustain a work-related injury, I will submit myself to a drug/alcohol test and to an examination by a physician of the company's selection.									
EMPLOYMENT APPLICATION									
Signature _____					Date _____				
PERSONNEL PLUS IS AN EQUAL OPPORTUNITY EMPLOYER.									

