

Drug testing done randomly.

# ALL TEMP CO., INC. APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALTERNATE PHONE ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED IN THIS COUNTRY BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? \_\_\_ YES \_\_\_ NO

I ATTEST, UNDER PENALTY OR PERJURY, THAT I AM (CHECK ONE)

- \_\_\_ 1.A CITIZEN OR NATIONAL OF THE UNITED STATES
- \_\_\_ 2.AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENT (ALIEN NUMBER) \_\_\_\_\_
- \_\_\_ 3.AN ALIEN AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICE TO WORK IN THE UNITED STATES (ALIEN NUMBER) \_\_\_\_\_

HAVE YOU APPLIED HERE BEFORE? \_\_\_ IF SO, WHAT POSITION AND WHEN? \_\_\_\_\_

FOR WHICH POSITION ARE YOU APPLYING? \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

WHAT CATEGORY WOULD YOU PREFER? \_\_\_ FULL-TIME \_\_\_ PART-TIME \_\_\_ TEMPORARY  
WHEN CAN YOU START? \_\_\_\_\_

FOR WHICH SCHEDULES ARE YOU AVAILABLE? \_\_\_ WEEKDAYS \_\_\_ WEEKENDS \_\_\_ EVENINGS  
\_\_\_ NIGHTS \_\_\_ OVERTIME \_\_\_ OTHER

## EDUCATION

SCHOOL NAME & LOCATION # YEARS GRADUATE? SUBJECTS

GRAMMAR \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE, BUSINESS,  
CORRESPONDENCE \_\_\_\_\_

DO YOU HAVE A VALID LICENSE TO OPERATE A MOTOR VEHICLE IN THIS STATE? \_\_\_ YES \_\_\_ NO

**DRIVERS LICENSE #** \_\_\_\_\_

- A. HAVE YOU RECEIVED ANY NOTICE THAT SUCH LICENSE MAY OR WILL BE SUSPENDED AT ANY TIME IN THE FUTURE? \_\_\_ YES \_\_\_ NO
- B. HAVE YOU BEEN AT FAULT IN CAUSING OR CONTRIBUTING TO ANY MOTOR VEHICLE ACCIDENT (S) IN THE PAST 5 YEARS? \_\_\_ YES \_\_\_ NO

IF YES PLEASE EXPLAIN YOUR INVOLVEMENT IN EACH ACCIDENT \_\_\_\_\_

HAVE YOU EVER BEEN BONDED? \_\_\_ YES \_\_\_ NO

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THOSE YOU HAVE LISTED?  
\_\_\_ YES \_\_\_ NO IF YES, PLEASE LIST \_\_\_\_\_

DID YOU SERVE IN THE U.S. ARMED FORCES? \_\_\_ YES \_\_\_ NO IF YES, WHAT BRANCH \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY AND /OR SERVED TIME IN THE PAST 7 YEARS FOR SOMETHING  
OTHER THAN DRUG POSSESSION OR USE? \_\_\_ YES \_\_\_ NO  
IF SO PLEASE DESCRIBE INCIDENT, CITY/STATE, CHARGE

**EMPLOYMENT HISTORY**

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.

DAY/MONTH/YEAR EMPLOYER NAME & ADDRESS SALARY POSITION REASON LEAVE  
FROM TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

INCLUDE ONLY THOSE INDIVIDUALS THAT ARE NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT  
LEAST ONE YEAR

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

LIST ALL HAND TOOLS AND ALL MACHINES YOU HAVE EXPERIENCE  
USING.

*DATE HIRED* \_\_\_\_\_ *START DATE* \_\_\_\_\_ *JOB* \_\_\_\_\_

*RATE OF PAY* \_\_\_\_\_ *REMARKS* \_\_\_\_\_

*RCF* \_\_\_\_\_ *RWC* \_\_\_\_\_