

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* _____