



Interviewer's Initials: _____ Resume: YES or NO WTMA Score: _____

ALL QUESTIONS APPLY EQUALLY TO BOTH SEXES EOE/M/F/H

How did you hear about StaffCo?				
Name (Last, First MI)		Social Security No.	Date	Your Phone
Street Address	Apt. No.	City	State	Zip
Emergency Phone				
Date Available	Email Address	Check Days Available <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	Check Hours Available <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift	
Positions Applied For	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Transportation <input type="checkbox"/> Own Car <input type="checkbox"/> Bus <input type="checkbox"/> Share Ride	

EDUCATION

(Circle years completed)	Dates	Name & Location	Major	Degree
High School 1 2 3 4				
Technical School/College 1 2 3 4				

EMPLOYMENT HISTORY

(You **MUST** include month and year, telephone number and reason left)

Dates	Company Name & Address	Supervisor	Phone No.	Position	Salary	Reason Left
to						
to						
to						
to						

PREVIOUS TEMPORARY EMPLOYMENT

Dates	Temporary Service	Position	Companies Assigned To	Pay Rate
to				
to				
to				
to				

Have you been convicted of a felony? Yes No If Yes, then **what for** and **when**? _____

I declare that the information provided by me on this application is true and correct and may be verified by Staffing Companies.

Signature _____ Date _____

FOR OFFICE USE ONLY

1.
2.
3.
4.

INTERVIEWER NOTES

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INDUSTRIAL SKILLS

Please mark only the skills in which you are experienced: Some Ability Best Abilities

Assembly <input type="checkbox"/> Factory Type _____ <input type="checkbox"/> Inspecting <input type="checkbox"/> Packaging <input type="checkbox"/> Electronics <input type="checkbox"/> Wiring <input type="checkbox"/> Soldering <input type="checkbox"/> P.C. Boards <input type="checkbox"/> Schematics	Warehouse <input type="checkbox"/> Forklift <input type="checkbox"/> Load/Unload <input type="checkbox"/> Ship/Receive <input type="checkbox"/> Stocking <input type="checkbox"/> Inventory Maintenance <input type="checkbox"/> Janitorial <input type="checkbox"/> Elec/Mech <input type="checkbox"/> Automotive	Trades <input type="checkbox"/> Electrician <input type="checkbox"/> Carpenter <input type="checkbox"/> Plumber <input type="checkbox"/> Machinist <input type="checkbox"/> Mason <input type="checkbox"/> Welder <input type="checkbox"/> Blueprints <input type="checkbox"/> Own Tools <input type="checkbox"/> Jrny. <input type="checkbox"/> App.	Transportation <input type="checkbox"/> Driver's License State _____ Class _____ License # _____ Expiration Date _____ <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Trailer	General Labor <input type="checkbox"/> Landscape <input type="checkbox"/> Construction <input type="checkbox"/> Lumber <input type="checkbox"/> Plastics <input type="checkbox"/> Furniture Food Service <input type="checkbox"/> Cook <input type="checkbox"/> Waiter <input type="checkbox"/> Cashier	Other <input type="checkbox"/> Office <input type="checkbox"/> Security Guard <input type="checkbox"/> Painting <input type="checkbox"/> Drafting <input type="checkbox"/> Dispatcher <input type="checkbox"/> Housekeeping <input type="checkbox"/> _____
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Other skills not listed above: _____

OFFICE SKILLS

Please mark only the skills in which you are experienced: Some Ability Best Abilities

Communications <input type="checkbox"/> Switchboard # Lines _____ <input type="checkbox"/> Multi line Phone <input type="checkbox"/> Two-way radio General Clerical <input type="checkbox"/> Duplicating <input type="checkbox"/> Filing <input type="checkbox"/> Receptionist <input type="checkbox"/> Runner	Bookkeeping <input type="checkbox"/> F.C. bookkeeper <input type="checkbox"/> Asst. Bookkeeper <input type="checkbox"/> Accts. Payable <input type="checkbox"/> Accts. Receivable <input type="checkbox"/> Payroll Office Equipment <input type="checkbox"/> Fax Machine <input type="checkbox"/> Copy Machine <input type="checkbox"/> Adding Machine	Medical / Legal <input type="checkbox"/> Ins. Filing <input type="checkbox"/> Billing Clerk <input type="checkbox"/> Medical Term. <input type="checkbox"/> Transcription <input type="checkbox"/> Legal Sec. <input type="checkbox"/> Paralegal <input type="checkbox"/> Legal Recep. <input type="checkbox"/> Data Entry	Typing Skills WPM _____ Form Typing <input type="checkbox"/> Letters <input type="checkbox"/> Fill in the Blank Data Entry Keystrokes per hour _____	Software <input type="checkbox"/> Windows <input type="checkbox"/> Apple OS <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Powerpoint <input type="checkbox"/> HTML <input type="checkbox"/> Python <input type="checkbox"/> Quickbooks	<input type="checkbox"/> Peachtree <input type="checkbox"/> Internet Exp. <input type="checkbox"/> Web design <input type="checkbox"/> Programming <input type="checkbox"/> Computer Tech Other Skills _____ _____ _____
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Other skills not listed above: _____

Do you have any physical limitations which may affect your work? _____

I declare that the information provided by me on this application is true and correct.

Name (print) _____

Signature _____

Date _____