

EXCLUSIVE STAFFING LLC

Date of Application: _____

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.		
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Alternate Phone			Emergency Contact			
How did you hear about us?			Referral's Name			
Date Available		Social Security No.		Desired Pay Rate		
Position or Company Applied for			Shifts Available to Work (Circle all that apply)	1st	2nd	3rd
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Misdemeanor or Felony			
If yes, explain			Date of Record			

EDUCATION

High School			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list two professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

<i>Company #1</i>										Phone			
Address				Supervisor									
Job Title				Starting Pay Rate		\$		Ending Pay Rate		\$			
Were you a temporary employee? If so, what agency and company?													
Responsibilities (Please be as DETAILED as Possible)													
From		To		Reason for Leaving									
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>							
<i>Company #2</i>				Phone									
Address				Supervisor									
Job Title				Starting Pay Rate		\$		Ending Pay Rate		\$			
Were you a temporary employee? If so, what agency and company?													
Responsibilities (Please be as DETAILED as Possible)													
From		To		Reason for Leaving									
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>							
<i>Company #3</i>				Phone									
Address				Supervisor									
Job Title				Starting Pay Rate		\$		Ending Pay Rate		\$			
Were you a temporary employee? If so, what agency and company?													
Responsibilities (Please be as DETAILED as Possible)													
From		To		Reason for Leaving									
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>							

MILITARY SERVICE				
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Branch		From		To	
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Rank at Discharge		Type of Discharge	
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If other than honorable, explain	
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DISCLAIMER AND SIGNATURE	
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I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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