

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT STREET ADDRESS	CITY	STATE
		ZIP CODE
ANY OTHER NAME USED	HOME PHONE	CELL PHONE
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO		EMAIL ADDRESS
IF NO, HOW OLD ARE YOU? _____		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO		

EMPLOYMENT INFORMATION

POSITION APPLIED FOR	DATE AVAILABLE	SALARY REQUIREMENT
HOW DID YOU LEARN ABOUT THIS POSITION?		
HAVE YOU PREVIOUSLY WORKED FOR STAFF MANAGEMENT, INC.? IF YES, PLEASE GIVE DETAILS:	YES NO	TYPE OF WORK : FULL-TIME _____ PART-TIME _____ TEMPORARY _____
ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, PROVIDED REASONABLE ACCOMMODATIONS CAN BE MADE?	YES NO	

EDUCATION AND TRAINING

	SCHOOL NAME AND LOCATION	COURSE OF STUDY	LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL							YES NO	
COLLEGE							YES NO	
GRAD/TECH SCHOOL							YES NO	

PROFESSIONAL LICENSES OR CERTIFICATIONS:

OTHER COURSES OR TRAINING:

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications for this position

DESCRIBE:
COMPUTER SOFTWARE SKILLS:
COMMERCIAL DRIVER'S LICENSE (CDL) YES NO

Name: _____ Date: _____

EMPLOYMENT HISTORY (Complete all information even if you have a resume)

Please give accurate and complete employment record. Start with most recent employer. Account for all time during the past 10 years, including periods of unemployment. If more space is needed, complete additional form

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER	REASON FOR LEAVING			

ADDITIONAL EXPERIENCE List other relevant job related work or other experience:

ORGANIZATION NAME		POSITION	FROM (MO/YR)	TO (MO/YR)
SUPERVISOR	PHONE NUMBER	DESCRIBE WORK AND RESPONSIBILITIES		

ORGANIZATION NAME		POSITION	FROM (MO/YR)	TO (MO/YR)
SUPERVISOR	PHONE NUMBER	DESCRIBE WORK AND RESPONSIBILITIES		

PROFESSIONAL REFERENCES List three (3) professional/business references. Do not list personal references.

NAME	ADDRESS	RELATIONSHIP	YRS. KNOWN	PHONE NUMBER

I hereby authorize the person(s) named, or listed, on my application and /or resume (or any other persons who can verify such information) to discuss and verify the information that I have provided to Staff Management, Inc. I give my consent for all contacted persons, including my former employer(s), to provide information (including transcripts, grades and similar information) concerning my resume and /or application for employment. I hereby release such person(s) from liability for discussing or providing this information to Staff Management, Inc., its employees, agents or representatives.

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and understand that if I am hired, falsification of any information shall be grounds for termination of employment. I also give Staff Management, Inc. permission to verify education credentials/degrees, and to contact references/previous employers to obtain work performance information. I understand that all offers of employment are conditional, subject to the receipt of satisfactory references and/or medical examination that may include drug testing. I further understand my employment will be employment-at-will and that my employment can be terminated with or without cause or notice at anytime by me or Staff Management, Inc. I understand that no Staff Management, Inc. employee or company representative has authority to enter into an agreement for employment for a specified period of time, or modify my employment-at-will status, except the president, which agreement must be in writing.

SIGNATURE: _____ DATE: _____

NOTE: Individuals needing disability related accommodations for interviews should request them in advance.