

EMPLOYMENT APPLICATION



I-9 Certified by _____

SS# _____

Date ____/____/____

Last Name _____ First Name _____ Middle _____

Position Desired 1. _____

2. _____

Address _____ City _____ State ____ Zip _____

Would you like your check mailed?

Yes No

Type of Employment Desired: Full Time Temp Contract Open

Your Birthday: Month _____ Day _____ How did you learn of us? _____

Phone (____) _____

Desired Pay Rate: Temp \$ _____ /Hour Full time \$ _____ /Month

Message _____

High School Graduate? Yes No

Pager _____

College Attended _____ # of Years ____ Major _____ Degree _____

E-mail _____

Special Coursework/Seminars _____

In Case of an Emergency, Notify _____ Home Phone (____) _____ Work Phone (____) _____

Previous Employer (List Last Employer First)

Name _____ Address _____ City _____ State ____ Zip _____ Ph. _____ Supervisor's Name & Title _____	Type of Business _____ Position Held _____ Employment Dates: From ____/____/____ To: ____/____/____ Reason for Leaving _____
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Name _____ Address _____ City _____ State ____ Zip _____ Ph. _____ Supervisor's Name & Title _____	Type of Business _____ Position Held _____ Employment Dates: From ____/____/____ To: ____/____/____ Reason for Leaving _____
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Name _____ Address _____ City _____ State ____ Zip _____ Ph. _____ Supervisor's Name & Title _____	Type of Business _____ Position Held _____ Employment Dates: From ____/____/____ To: ____/____/____ Reason for Leaving _____
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Business References	Phone #	Peer References	Phone #
1. _____	(____) _____	_____	(____) _____
2. _____	(____) _____	_____	(____) _____
3. _____	(____) _____	_____	(____) _____

Please list below companies you have contacted in the last 90 days. 1. _____ 2. _____ 3. _____	Have you ever worked temp/contract? If yes, what kind of assignments did you do and at what companies? Assignment _____ Co. _____ Phone _____ Assignment _____ Co. _____ Phone _____ Assignment _____ Co. _____ Phone _____
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<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a security clearance? If yes, what level? _____ Termination Date _____	Circle days you cannot work M T W T F S S Available <input type="checkbox"/> Days <input type="checkbox"/> Evenings Shift <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
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Please read the completed application over carefully before signing. The answers to the above questions are true and complete. I understand that any inaccurate or misleading information will cause rejection of this application or dismissal. I grant permission to ASN to check my references and I authorize my references to provide any information to the Company that they deem appropriate. I will not solicit nor accept employment with any Client to whom I may be assigned or presented to without written permission of ASN. In consideration for my employment, I agree that my employment and compensation can be terminated with or without notice, for any reason, at any time, at the option of either ASN or myself.

Signature _____ Date _____

For Office Use Only

Evaluation Sources: Type ____/____ W.P.M. PAS (____ - ____ - ____) OS (____ - ____ - ____)
 Evaluation Sources: Safety _____ CSS (____ - ____ - ____) MAS (____ - ____ - ____)
 Notes: _____

