

Employment Application (Please print)



The following information is requested in order to help us determine the best possible job placement for you. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application. However, please be aware that the completion of this application in no way guarantees you a job placement. Source it, Inc., in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, arrest and court record, sexual orientation, or other grounds protected under state or federal law, except where a bona fide occupation qualification exists.

PERSONAL DATA

DATE:

Last Name: _____ First Name: _____ Middle Initial: _____

Physical Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

*Please alert us if you have a desired mailing address.

Email address: _____

Home Phone: _____ Alt. Phone: _____ Cell: _____

Are you eligible to be lawfully employed in the U.S. (resident or citizen; having visa permitting U.S. employment)?

Yes No

*Minors must present a work permit or submit a Minor's Certificate of Employment (form CL-1)

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

How did you hear about us?

Please circle one of the options below:

Craigslist Facebook Our Website Indeed Friend/Family: _____ Other: _____

JOB INFORMATION

What type of work are you looking for? : Administrative/Clerical Industrial/Labor Other

What position are you applying for? (if applicable): _____

Are you interested in: Part time Full time Temporary

EDUCATION

High School Name _____ City _____ State _____

College name _____ City _____ State _____

Degree _____

Have you provided us a copy of your resume? yes no
If yes, then please skip to "SKILLS" on page 3.



EMPLOYMENT HISTORY (List most current employer first)

Start date ___/___/___ To ___/___/___ Present or past employer _____ City _____ State: _____

Job Title _____ Name of Supervisor _____

Phone _____ Duties _____

Start date ___/___/___ To ___/___/___ Past employer _____ City _____ State: _____

Job Title _____ Name of Supervisor _____

Phone _____ Duties _____

Start date ___/___/___ To ___/___/___ Past employer _____ City _____ State: _____

Job Title _____ Name of Supervisor _____

Phone _____ Duties _____

Start date ___/___/___ To ___/___/___ Past employer _____ City _____ State: _____

Job Title _____ Name of Supervisor _____

Phone _____ Duties _____

TEMP EXPERIENCE

Have you worked at other staffing agencies? Yes No

Please list them:

REFERENCES

Give the names of the three persons you are not related to, whom you have known for at least one year & whom we can contact.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____



LABOR / INDUSTRIAL SKILLS (Please check all that apply)

<input type="checkbox"/> Air Condition & Ventilation	<input type="checkbox"/> General maintenance	<input type="checkbox"/> Painting
<input type="checkbox"/> Banquet Help	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Pallet jack
<input type="checkbox"/> Bindery	<input type="checkbox"/> Inspection/Quality Control	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Building Maint. & Handyman	<input type="checkbox"/> Inventory	<input type="checkbox"/> Production line
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Production, assembly/packing
<input type="checkbox"/> Carpet Install	<input type="checkbox"/> Landscape	<input type="checkbox"/> Production, machine operator
<input type="checkbox"/> Construction General Labor	<input type="checkbox"/> Load/unload containers	<input type="checkbox"/> Security guard
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Machine operator	<input type="checkbox"/> Wait Help
<input type="checkbox"/> Flooring/carpet	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Warehouse experience
<input type="checkbox"/> Food service	<input type="checkbox"/> Merchandiser	<input type="checkbox"/> Warehouse supervisor/Manager
<input type="checkbox"/> Forklift	<input type="checkbox"/> Order Puller	<input type="checkbox"/> Welding

ADMINISTRATIVE EXPERIENCE (Please check all that apply)

<input type="checkbox"/> 10-key by touch	<input type="checkbox"/> Customer Service in person	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Account Receivable	<input type="checkbox"/> Data entry	<input type="checkbox"/> Microsoft Office
<input type="checkbox"/> Accounting	<input type="checkbox"/> File clerk	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> General Ledger	<input type="checkbox"/> Microsoft Power Point
<input type="checkbox"/> AS400	<input type="checkbox"/> Human Resource	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Bank Teller	<input type="checkbox"/> Illustrator/Graphic artist	<input type="checkbox"/> Office Manager/Supervisor
<input type="checkbox"/> Bi-lingual:(Please specify) _____	<input type="checkbox"/> Inside/Outside Sales	<input type="checkbox"/> Property Manager
<input type="checkbox"/> Bindery	<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Quickbooks
<input type="checkbox"/> Blueprint	<input type="checkbox"/> Insurance Coding	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Cashier	<input type="checkbox"/> Legal (Please specify) _____	<input type="checkbox"/> Sales And Marketing
<input type="checkbox"/> Collector	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Tax Preparer
<input type="checkbox"/> Credit/Collections	<input type="checkbox"/> Medical Receptionist	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Customer service	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Type 40 wpm

DRIVER SKILLS:

Do you have a driver license? Yes No

If CDL, please indicate endorsements held _____

Answer if applicable:

Able to drive manual transmission? Yes No

Do you have a Medical Examiner's Certificate? Yes No

Do you have a TWIC Card? Yes No

CHECK DELIVERY

Pick up in the office Mail to the address provide Direct Deposit

ACKNOWLEDGEMENT

I attest that the above statements are true & correct.

Signature: _____ Date: _____