ADDLICATION FOR EMDLOYMENT



SIA	FFING	DATE:			
		SOCIAL SECURITY NUN	/IBER:		
0.04F.					
AME: First		Last	Middle Initial		
St	reet Address	City	Stat	te Zip	
MAIL ADDRESS:		REFERRED	REFERRED BY:		
OME PHONE:		CELL PHO	CELL PHONE:		
OSITION APPLYING F	OR:	DESIRED SALA	DESIRED SALARY:		
ATE AVAILABLE TO	START:	ARE YOU ABLE	TO WORK WEE	KENDS:	
MPLOYMENT DESI	RED: FULL TIME	PART TIME _	TE	MPORARY	
HIFT DESIRED: 1 ^S	.T 2 ND	3 rd (GRAVEYARD)			
RE YOU WILLING T	O TRAVEL: YES	NO			
/HAT WILL BE YOU	R MEANS OF TRANSP	ORTATION TO WORK:			
EDUCATION:					
LDOCATION.	NAME OF SCHOOL	LOCATION	COMPLETED		
HIGH SCHOOL:			Yes or No (Circle One)	GED or Diploma (Circle One)	
			YEARS	MAJOR/DEGREE	
COLLEGE:					
TRADE SCHOOL:		·			

Please list all work experience for the **past seven years** beginning with your more recent job held. Please ask for additional sheets if necessary. Name of Employer: ______Position Held: _____ Address: City, State, Zip Code: Rate of Pay: Supervisor: From: To: Reason for leaving: Job Duties: Position Held: Name of Employer: Address: City, State, Zip Code: Rate of Pay: Supervisor: _____ From: To: Reason for leaving: Job Duties: Name of Employer: Position Held: Address: City, State, Zip Code: Rate of Pay: Supervisor: _____ To: _____ From: Reason for leaving: Job Duties: Name of Employer: ______Position Held: _____ Address: City, State, Zip Code: _____ Rate of Pay: ____ Supervisor: _____ To: Reason for leaving: Job Duties: _____ REFERENCES: Please list two references other than relatives or previous employers: Name: Name: Address: Address: ____ Telephone: _____ Telephone: Years Known: Years Known: _____ I certify the information I have provided on this application is true, correct and complete. I understand that false or incomplete information on this application may result in my ineligibility for employment with **Premier Staffing, Inc.**

Date

Signature of Applicant