

**EMPLOYMENT APPLICATION**

NOTICE: FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON AGE, RACE, RELIGION, SEX, OR NATIONAL ORIGIN. INFORMATION GIVEN THROUGH THIS APPLICATION CANNOT AND WILL NOT BE USED FOR ANY DISCRIMINATORY PURPOSES.



**PLEASE PRINT**

DATE		SOCIAL SECURITY #		DATE OF BIRTH		COUNSELOR'S NAME	
LAST NAME			FIRST		MIDDLE / MAIDEN		
STREET ADDRESS						APT. #	
CITY			STATE		ZIP		
PREVIOUS ADDRESS (CITY, STATE, ZIP)				E-MAIL ADDRESS			
HOME PHONE		WORK PHONE		CELL PHONE		OTHER PHONE	
SPOUSE'S NAME				SPOUSE'S EMPLOYER AND OCCUPATION			
EMERGENCY CONTACT PHONE # (NOT SPOUSE)				<input type="checkbox"/> OWN HOME		<input type="checkbox"/> RENT	<input type="checkbox"/> BOARD
DO YOU HAVE A DRIVERS LICENSE?		YEAR & MAKE OF CAR		<input type="checkbox"/> WILL TRAVEL		<input type="checkbox"/> LIMITED	<input type="checkbox"/> EXTENSIVE
<input type="checkbox"/> YES		<input type="checkbox"/> NO		WILL YOU RELOCATE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
				IF NOT, WHY?		LOCATION DESIRED	WHAT LANGUAGES DO YOU SPEAK?
<input type="checkbox"/> IMMEDIATELY		<input type="checkbox"/> AFTER		MONTHS			

**EDUCATION**

	NAME OF SCHOOL	DATES ATTENDED	GPA	GRADUATE?	YEAR	DEGREES / TITLES	MAJOR / SUBJECTS
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE / UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO			
DID YOU FINANCE YOUR EDUCATION?			<input type="checkbox"/> YES		<input type="checkbox"/> NO		PERCENT FINANCED:
HOBBIES, INTERESTS, SPORTS				MEMBERSHIPS: PROFESSIONAL / SOCIAL			

**EMPLOYMENT HISTORY**

PLEASE LIST BELOW ALL OF YOU FORMER EMPLOYERS BEGINNING WITH THE MOST RECENT. (DO NOT WRITE "SEE RESUME")

FROM MO/YR.	TO MO/YR.	NAME AND LOCATION OF ORGANIZATION	NATURE OF BUSINESS	POSITION / TITLE	
DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR
FROM MO/YR.	TO MO/YR.	NAME AND LOCATION OF ORGANIZATION	NATURE OF BUSINESS	POSITION / TITLE	
DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR
FROM MO/YR.	TO MO/YR.	NAME AND LOCATION OF ORGANIZATION	NATURE OF BUSINESS	POSITION / TITLE	
DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR
FROM MO/YR.	TO MO/YR.	NAME AND LOCATION OF ORGANIZATION	NATURE OF BUSINESS	POSITION / TITLE	
DUTIES PERFORMED		STARTING SALARY	FINAL SALARY	REASON FOR LEAVING	NAME AND PHONE OF SUPERVISOR

**POSITIONS DESIRED (IN ORDER OF PREFERENCE)**

A.	B.	C.
----	----	----

## MILITARY

BRANCH OF SERVICE	FROM DATE	TO DATE	POSITION
-------------------	-----------	---------	----------

## ADDITIONAL INFORMATION

PLEASE LIST YOUR CURRENT BASE SALARY AND YOUR DESIRED BASE SALARY. (BASE: EXCLUDE BONUSES AND BENEFITS)	CURRENT	DESIRED
--	---------	---------

WHAT ARE YOUR CURRENT BENEFITS?  
(INDICATE HOW MUCH YOU CONTRIBUTE TO THE COST)

DO YOU HAVE COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST TWO YEARS, HOW MANY SCHEDULED DAYS OF WORK (NOT VACATION) HAVE YOU MISSED?	DOES YOUR PRESENT EMPLOYER KNOW THAT YOU ARE CONSIDERING LEAVING?  <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THERE ANY EMPLOYERS WHO MIGHT NOT REHIRE YOU?  <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	---	---

EXPLAIN BRIEFLY THE WAYS YOU WILL BE OF GREATEST VALUE TO YOUR NEXT EMPLOYER:

  
  

EXPLAIN BRIEFLY YOUR EDUCATIONAL GOALS FOR THE NEXT FIVE YEARS:

LIST THREE MAJOR ACCOMPLISHMENTS:  1.  2.  3.	LIST THREE THINGS YOU WOULD CHANGE AT YOUR CURRENT / PREVIOUS JOB:  1.  2.  3.
WHAT IS YOUR GREATEST STRENGTH?  WHAT AREA WOULD YOU MOST LIKE TO IMPROVE?	WHAT IS THE PRIMARY REASON YOU'VE ACCEPTED POSITIONS IN THE PAST, AND MUST SOMETHING BE OFFERED TO MOTIVATE A CAREER CHANGE?
LIST THREE REASONS TO HIRE YOU OVER SOMEONE ELSE:  1.  2.  3.	LIST THREE ADJECTIVES THAT DESCRIBE YOU:  1.  2.  3.

## MANAGEMENT CANDIDATES

HOW MANY PEOPLE HAVE YOU SUPERVISED? LIST THEIR TITLES:	WHY DO YOU FEEL YOU ARE A GOOD MANAGER?
--	---

## SALES CANDIDATES

WHERE DO YOU RANK AMONG THE SALES STAFF?	DESCRIBE YOUR SALES TERRITORY: ESTABLISHED ACCOUNTS %    —    COLD CALLING %    —    TRAVELING %    —
--	--

## OFFICE SUPPORT CANDIDATES

LIST YOUR KEYBOARDING SPEEDS: TYPING (WPM)                  SHORTHAND (WPM)                  10-KEY (KPM)	ON A SCALE FROM 1-10 RATE YOURSELF IN THE FOLLOWING AREAS: MATH APTITUDE    —    GRAMMAR    —    SPELLING    — CREATIVITY    —    WRITING ABILITY    —    ORGANIZATION SKILLS    — PUNCTUALITY / ATTENDANCE    —    ATTITUDE    —    COMMUNICATION    —
WHAT ACCOUNTING SKILLS DO YOU HAVE?	
WHAT COMPUTER SOFTWARE KNOWLEDGE DO YOU HAVE?	

## INTERVIEW AVAILABILITY

INTERVIEW AVAILABILITY:	DATE YOU WILL BE AVAILABLE?	DO YOU PLAN TO GIVE YOUR EMPLOYER TWO WEEKS NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU REGISTERED WITH ANY OTHER RECRUITING FIRMS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHO?
COMPANIES YOU HAVE INTERVIEWED WITH:  1.  2.  3.  4.  5.		RESUMES YOU HAVE MAILED:  1.  2.  3.  4.  5.

## REFERENCES

LIST THREE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR PERSONAL ABILITIES AND CHARACTER.				
NAME	ADDRESS	OCCUPATION	HOME PHONE	WORK PHONE

## REFERRAL SOURCE (HOW DID YOU HEAR ABOUT US?)

<input type="checkbox"/> FRIEND NAME:	<input type="checkbox"/> RELATIVE NAME:	<input type="checkbox"/> ADVERTISEMENT WHERE:	<input type="checkbox"/> OTHER EXPLAIN:
--	--	--	--

## CRIMINAL RECORD

<p>HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST CIVIL OR MILITARY LAW, OR BEEN RELEASED FROM A PRISON OR OTHER FACILITY?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>OMIT ANY TRAFFIC VIOLATION WITH A FINE UNDER \$100 EXCEPT WHERE LIQUOR OR DRUGS WERE INVOLVED AND ANY OFFENSE COMMITTED BEFORE YOUR 21<sup>ST</sup> BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW. A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. IF YES, PLEASE INDICATE THE NATURE OF THE OFFENSE, DATE, COURT, AND DEPOSITION BELOW.</p>
--	--

## PLEASE READ AND SIGN THE FOLLOWING

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND STATEMENTS CONTAINED IN THE MEDICAL QUESTIONNAIRE.

I AUTHORIZE ADVANTAGE PERSONNEL, INC. TO INVESTIGATE MY PREVIOUS EMPLOYMENT HISTORY THROUGH EQUIFAX EMPLOYMENT VERIFICATION, MIB SERVICES, INC., AND ANY REFERENCES LISTED ABOVE AND RELEASE ANY AND ALL PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE.

I RELEASE ADVANTAGE PERSONNEL INC., AND ALL OTHER PARTIES FROM ALL LIABILITY THAT MAY RESULT FROM FURNISHING THIS INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

