

WORKFORCE STAFFING
EMPLOYMENT APPLICATION

HOW DID YOU HEAR ABOUT US?
Friend? Family? Website? Indeed? Other?

WORKFORCE STAFFING AGENCY IS A DRUG-FREE WORKPLACE

Position Desired: _____

Date Available: _____

Personal Information

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ City: _____ State/Zip _____

Home Phone: () _____ Cell Phone: () _____

NAME OF CELL PHONE PROVIDER: _____

E-mail Address: _____

Are you 18 years or older? Yes _____ No _____

Do you have a valid Driver's License? Yes No Drivers License Number: _____

Do you speak any other language(s)? Specify _____

Do you have the legal right to obtain employment in the United States? Yes No

Will you now, or in the future, require sponsorship for employment?
visa status (e.g., H1-B visa status)? Yes No

Can you perform the essential functions and responsibilities of the position
for which you are applying with or without the need for special accommodations? Yes No
If not, explain: _____

*List any current licenses, certifications, or registrations required for the position for which you are applying.
Include the date received and the number.

Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation?
Yes No

If yes, written documentation must be provided about criminal offenses from the clerk of court in the county in
which the conviction was made, and about any driving offenses other than minor traffic violations from the motor
vehicles office.

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POSITION INFORMATION Check all that you are willing to work

Days M T W Th F (Circle all that apply) Overnights
Evenings Weekends

Work History

Start with your present or most recent employment and work back.

Job Title #1

From: / To: /

Name of Employer: May we contact? Yes No

Address: City: State/Zip:

Supervisor's Name: Phone Number: ()

Duties Performed:

Reason for Leaving?

Job Title #2

From: / To: /

Name of Employer: May we contact? Yes No

Address: City: State/Zip:

Supervisor's Name: Phone Number: ()

Duties Performed:

Job Title #3

From: / To: /

Name of Employer: May we contact? Yes No

Address:	City:	State/Zip:
Supervisor's Name:	Phone Number: ()	
Duties Performed:		

Professional References

You must provide three professional references, one of which must be a current or prior supervisor. Please give the full name, email address, and phone number with the understanding that the individuals mentioned will be contacted regarding background and qualifications in the field.

Name:	Email Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Education & Skills

Level of education completed:
 High School GED College 0-4 yrs Degree : Assoc Bachelor Masters
 If degree, specify major:

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at-will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature: _____ Date: _____