# APPLICANT INFORMATION

Date Interviewer

Applicant Name Email

Address City, State & Zip

Home Phone Cell Business

Languages spoken fluently Available for temporary or part time work? Yes No

Transportation MTA /CAR Earliest Start time (AM) Latest (PM) Date Avail. to Start Work

EDUCATION: GED HS SOME COLLEGE AAS BS/BA MBA/MS PHD CPA

College Attended

Degree Obtained Major Minor

Year Graduated Cumulative GPA Major GPA

VETERAN: (Yes/No)

Rank in order of priority ( 1= Highest Priority, 6 = Lowest Priority)

 Benefits Money Location Advancement Challenges Security

List 3 things you LIKE about your present or last job/company:

1.

2.

3.

List 3 things you DON’T LIKE about your present or last job/company:

1.

2.

3.

How did you hear about us?

How long have you been searching for employment?

Please list any company that you have contacted for employment or where you have worked as a temp. This will eliminate any duplication of efforts and conflicts. Please provide company name, contact, phone number or email.

1.

2.

3.

4.

5.

# Please Turn Application Over

## EMPLOYMENT HISTORY

Please complete below for all of the jobs that you’ve held within the past 5 years. Begin with the most recent position. Additional forms are available on request.

**Company Name**  Type of Business

Address City State Phone

Dates of Employment: From To: Position Held

How obtained? Agency Personal Referral Direct Hire Ad Other

Who Hired You? Phone Number

Direct Supervisor’s Name, Title, & Email

Direct Supervisor’s Phone Number can we contact for a reference Yes No

Other Managers or Subordinates, Names & Titles:

Description of Job Duties:

Total # of employees at company Number of employees in your Dept.

Reason for Leaving ( please be specific)

**Company Name**  Type of Business

Address City State Phone Dates of Employment: From To: Position Held

How obtained? Agency Personal Referral Direct Hire Ad Other

Who Hired You? Phone Number

Direct Supervisor’s Name, Title, & Email

Direct Supervisor’s Phone Number can we contact for a reference Yes No

Other Managers or Subordinates, Names & Titles:

Description of Job Duties:

Total # of employees at company Number of employees in your Dept.

Reason for Leaving ( please be specific)

## FOR OFFICE USE ONLY

RATES: TEMP $ /HR TP $ /HR PERM $

## NOTES

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| SKILL CODES: /  | /  | /  | /  |
| --- | --- | --- | --- |
| SKILL CODES: /  | /  | /  | /  |