

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If yes, please provide **dates** and **explanation of convictions**: _____

NOTE: A conviction will not necessarily disqualify you from employment. Each conviction will be judged per requirements of each client/company on its own merit with respect to time, circumstance, and seriousness related to the position applied for.

Date you can start work? _____ Do you need to give two weeks notice to present employer? Yes No

Please mark an **X** mark by the skills you have acquired or utilized in the past.

Skills

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> General Labor | <input type="checkbox"/> Packaging | <input type="checkbox"/> CDL Class _____ | <u>All trade/other skills</u> |
| <input type="checkbox"/> Light Industrial | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Welding | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Material Handler | <input type="checkbox"/> Management | <input type="checkbox"/> Floor Buffer | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Supervisor | Other _____ | <input type="checkbox"/> Heavy Equipment |
| <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Shipping | Other _____ | Language other than English |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Receiving | Other _____ | _____ |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Quality Control | | |

Office Skills

- | | | |
|---|--|--|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Excel | <input type="checkbox"/> Certified Nursing Assistant |
| <input type="checkbox"/> File Clerk | <input type="checkbox"/> Power Point | <input type="checkbox"/> Care Giver |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> AR & AP | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Medical Coding |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Office Management | <input type="checkbox"/> Medical Insurance |
| <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> QuickBooks | <input type="checkbox"/> Medical Billing |
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Peachtree | <input type="checkbox"/> Registered Nurse |

List the names of at least **3 professional references** (ex: coworker/supervisor/subordinate) and **2 personal references**.

| Name | City, State | Phone | Relationship |
|------|-------------|-------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

If I am placed on assignment, I authorize _____ my
 _____ to pick-up my check. (Name of person you will allow to pick-up your check)
 (Relationship)

How did you hear about us? _____

Applicant Certification and Authorization - read carefully before signing

I _____ authorize New Hire Solutions, LLC to obtain reference information from any source. I understand that all information collected from any and all sources will not be released to me. I certify to the best of my knowledge, the information contained on my application is correct. I understand that any false or misleading statement may disqualify me for employment or render me liable for dismissal. I consent to undergo a physical examination including a drug screen after I have been offered employment. I also consent to release drug screen and background results to any client company in which I am placed on assignment.

_____/_____
 Signature of Applicant / Date





O: 229.227.9003 F: 229.227.9036

INQUIRY FOR PREVIOUS EMPLOYMENT PLEASE SIGN & RETURN

To _____ Date _____

Employee _____ SS# _____

Dates of employment from _____ to _____.

1. Are dates of employment with your company correct as listed above? YES _____ NO _____

If not, please provide correct dates. _____

2. Position/Job Duties: _____

3. Please describe work: Full-Time _____ Part-Time _____ Seasonal _____ PRN _____

3. Position/Job Duties _____

4. Did employee operate company vehicle? YES or NO

5. Please rate the employee's skills listed below on a scale of 1-10.

*Attendance _____ *Communication & listening skills _____ *Self-Initiative _____

*Punctuality _____ *Ability to work well with others _____ *Overall Job Performance _____

6. Areas that need improvement: _____

7. Reason for leaving: Laid Off _____ Resigned _____ Quit W/O Notice _____ Discharged _____

Please explain: _____

8. Eligible for Rehire YES or NO

Additional Comments: _____

Completed by: _____ Title _____

Date _____

Would you like more information on New Hire Solutions staffing services? YES _____ NO _____

Contact info: _____

I hereby authorize New Hire Solutions, LLC to obtain reference information from any source. I understand that all information collected from any and all sources will not be released to me.

Applicant Signature _____ Date _____

NHS Representative: _____ Date _____