

# New Hire Solutions **Application for Employment** Date \_\_\_\_\_

New Hire Solutions is an Equal Opportunity Employer. **Qualified** applicants are considered for positions regardless of age, color, disability, marital status, national origin, race, religion, sex, veteran status, or any other category protected by law. All applications are evaluated based on individual merit. Information must be complete so all applications can be given equitable consideration. **Incomplete applications will be rejected. Applications must be signed and dated in blue or black ink only. If you cannot follow directions, we may not be able to place you on a job.**

Full Name \_\_\_\_\_  
Last First Middle

**Office Use Only**

File # \_\_\_\_\_  
 Interviewer \_\_\_\_\_  
 Stand By \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position (s) applying for \_\_\_\_\_  
 Salary desired \_\_\_\_\_ Type of work desired \_\_\_\_\_

Phone Number(s) \_\_\_\_\_  
(Primary) (Secondary)

Email Address \_\_\_\_\_

In case of Emergency, please contact \_\_\_\_\_ Phone # \_\_\_\_\_

Education	Name and Location of School	Year(s) Attended	Diploma/Degree	Subjects Studied
High School				
College/Technical				

  

Previous Employer	Phone	Address	Dates Employed	Position(s)	Salary	Reason for Leaving
<i>(most recent first)</i>			<u>Start</u> <u>End</u>			
			<u>Start</u> <u>End</u>			
			<u>Start</u> <u>End</u>			
			<u>Start</u> <u>End</u>			

*\*Please list all of the companies you have worked for in the past ten (10) years.*

Which of these jobs did you like most? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**Miscellaneous**

Shift you are able to work (circle all that apply): **Day** **Night** **Rotating** **Weekend**

Type of employment you are looking for (circle all that apply): **Full-time** **Part-time**

Do you have transportation? Yes No If no, how will you get to work? \_\_\_\_\_



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 _____                              | <input type="checkbox"/> 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 \_\_\_\_\_