

# 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

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 # \_\_\_\_\_

**Office Use Only**

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

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

| Previous Employer<br><small>(most recent first)</small> | Phone | Address | Dates Employed |     | Position(s) | Salary | Reason for Leaving |
|---------------------------------------------------------|-------|---------|----------------|-----|-------------|--------|--------------------|
|                                                         |       |         | Start          | End |             |        |                    |
|                                                         |       |         | Start          | End |             |        |                    |
|                                                         |       |         | Start          | End |             |        |                    |
|                                                         |       |         | Start          | End |             |        |                    |
|                                                         |       |         | Start          | End |             |        |                    |

*\*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 *(click on down arrow to select)*:

Type of employment you are looking for *(click on down arrow to select)*:

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

Have you ever been convicted of a crime other than a minor traffic violation?

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?

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

**Skills**

- General Labor       Packaging       CDL Class       Other \_\_\_\_\_
- Light Industrial       Manufacturing       Welding       Other \_\_\_\_\_
- Material Handler       Management       Floor Buffer       Other \_\_\_\_\_
- Janitorial       Supervisor      All trade/other skills
- Machine Operator       Shipping       Electrical
- Landscaping       Receiving       Plumbing
- Forklift       Quality Control       Heavy Equipment *Please specify:* \_\_\_\_\_

**Office Skills**

- Receptionist       Excel       Certified Nursing Assistant
- File Clerk       Power Point       Care Giver
- Administrative Assistant       AR & AP       Licensed Practical Nurse
- Human Resources       Switchboard       Medical Coding
- Payroll       Office Management       Medical Insurance
- Typing WPM       QuickBooks       Medical Billing
- Microsoft Office       Peachtree       Registered Nurse

List the names of at least **3 professional references** and **2 personal references**.

| Name | City, State | Phone | Personal or Professional (Company) |
|------|-------------|-------|------------------------------------|
|      |             |       |                                    |
|      |             |       |                                    |
|      |             |       |                                    |
|      |             |       |                                    |
|      |             |       |                                    |

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)

**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 also consent to undergo a physical examination including a drug screen after I have been offered employment.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant      Date