

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>			<small>Start</small>	<small>End</small>			
			<small>Start</small>	<small>End</small>			
			<small>Start</small>	<small>End</small>			
			<small>Start</small>	<small>End</small>			

**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

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

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** 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 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