

Application for Employment



An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Selectemp. **THIS APPLICATION MUST BE COMPLETED BY THE PERSON APPLYING FOR EMPLOYMENT.**

SOCIAL SECURITY NUMBER _____	PLEASE PRINT	DATE ____/____/____
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LAST NAME	FIRST	M I	HOME PHONE
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ADDRESS	STREET	CITY	STATE	ZIP	CELL PHONE	PROVIDER
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HAVE YOU APPLIED WITH OR BEEN EMPLOYED BY SELECTEMP BEFORE? <input type="checkbox"/> Yes Where _____ <input type="checkbox"/> No When _____	HAVE YOU EVER BEEN TERMINATED FROM A JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL
POSITION(S) APPLIED FOR:	MINIMUM ACCEPTABLE WAGE:	DATE AVAILABLE TO START:
		EMERGENCY CONTACT & PHONE #

EDUCATION	18 OR OVER <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest grade completed (circle) 6 7 8 9 10 11 12 13 14 15 16 16+	

	NAME	CITY/STATE	DATES	DEGREE	GRADUATE?
HIGH SCHOOL/GED					<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE/TRADE SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

HOW WERE YOU REFERRED TO SELECTEMP?	AVAILABLE FOR <input type="checkbox"/> Day <input type="checkbox"/> Graveyard <input type="checkbox"/> Fill-In <input type="checkbox"/> Swing <input type="checkbox"/> Weekend <input type="checkbox"/> Full Time	EVER CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, conviction & date, please request felony form from front desk.
IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	TRANSPORTATION <input type="checkbox"/> CAR <input type="checkbox"/> RIDE <input type="checkbox"/> BUS <input type="checkbox"/> BIKE	HOBBIES _____

INDUSTRIAL APPLICANTS ONLY: Check equipment you currently have available.

<input type="checkbox"/> Leather work boots	<input type="checkbox"/> Work gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Rain Gear	<input type="checkbox"/> Welding Equipment	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Steel toe safety boots	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Puller Apron	<input type="checkbox"/> Tools		

FIVE YEARS EMPLOYMENT HISTORY

M O S T R E C E N T	1. EMPLOYER	STARTING DATE		ENDING DATE		PAY		PHONE ()
		Month	Year	Month	Year	Starting	Final	
R E C E N T	ADDRESS	REASON FOR LEAVING				SUPERVISOR'S NAME		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY, ST, ZIP	JOB DUTIES						
	JOB TITLE							
N E X T	2. EMPLOYER	STARTING DATE		ENDING DATE		PAY		PHONE ()
		Month	Year	Month	Year	Starting	Final	
	ADDRESS	REASON FOR LEAVING				SUPERVISOR'S NAME		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY, ST, ZIP	JOB DUTIES						
	JOB TITLE							
N E X T	3. EMPLOYER	STARTING DATE		ENDING DATE		PAY		PHONE ()
		Month	Year	Month	Year	Starting	Final	
	ADDRESS	REASON FOR LEAVING				SUPERVISOR'S NAME		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY, ST, ZIP	JOB DUTIES						
	JOB TITLE							
N E X T	4. EMPLOYER	STARTING DATE		ENDING DATE		PAY		PHONE ()
		Month	Year	Month	Year	Starting	Final	
	ADDRESS	REASON FOR LEAVING				SUPERVISOR'S NAME		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY, ST, ZIP	JOB DUTIES						
	JOB TITLE							

SS #

MI

FIRST NAME

LAST NAME

THESE SKILLS ARE USED FOR OUR COMPUTERIZED RETRIEVAL SYSTEM. Please check applicable skills.

CLERICAL	EQUIPMENT/MACHINERY	GENERAL INDUSTRIAL
<input type="checkbox"/> ACCOUNTING <input type="checkbox"/> 10-key by touch <input type="checkbox"/> Payroll <input type="checkbox"/> Manual <input type="checkbox"/> Computer <input type="checkbox"/> FC Bookkeeper <input type="checkbox"/> Reconciliation <input type="checkbox"/> CASHIER <input type="checkbox"/> COMPUTER AIDED DRAFTING (CAD) <input type="checkbox"/> COMPUTER <input type="checkbox"/> Windows <input type="checkbox"/> MS Word <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> Word Perfect <input type="checkbox"/> CUSTOMER SERVICE <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> Alpha <input type="checkbox"/> Alpha Numeric <input type="checkbox"/> DICTATION/TRANSCRIPTION <input type="checkbox"/> FILING <input type="checkbox"/> GRAPHIC ARTIST <input type="checkbox"/> INSURANCE BACKGROUND <input type="checkbox"/> LEGAL BACKGROUND <input type="checkbox"/> MARKETING BACKGROUND <input type="checkbox"/> MEDICAL BACKGROUND <input type="checkbox"/> ORDER DESK <input type="checkbox"/> PROOFREADING/EDITING <input type="checkbox"/> PURCHASING <input type="checkbox"/> RECEPTIONIST <input type="checkbox"/> Multi-Line Phone System <input type="checkbox"/> KEYBOARDING <input type="checkbox"/> Speed _____ (WPM) <input type="checkbox"/> TELEMARKETING <input type="checkbox"/> TYPESETTING	<input type="checkbox"/> BOILER OPERATOR <input type="checkbox"/> CNC PROGRAMMER <input type="checkbox"/> DRILL PRESS <input type="checkbox"/> FORKLIFT <input type="checkbox"/> CERTIFIED <input type="checkbox"/> GRINDER <input type="checkbox"/> HEAVY EQUIPMENT <input type="checkbox"/> PNEUMATIC TOOLS <input type="checkbox"/> PRESS BRAKE <input type="checkbox"/> PUNCH PRESS <input type="checkbox"/> RAIMANN OPERATOR <input type="checkbox"/> SHEAR OPERATOR <input type="checkbox"/> SAWS (tablesaw, chopsaw, ripsaw, rresaw) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ASSEMBLY <input type="checkbox"/> CANNERY <input type="checkbox"/> CARPENTRY <input type="checkbox"/> DRYWALL <input type="checkbox"/> ELECTRICIAN <input type="checkbox"/> ELECTRONIC ASSEMBLY <input type="checkbox"/> FABRICATING <input type="checkbox"/> Blueprints <input type="checkbox"/> FOOD SERVICE <input type="checkbox"/> GALVANIZING <input type="checkbox"/> INVENTORY <input type="checkbox"/> JANITORIAL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> MACHINIST <input type="checkbox"/> MECHANICALLY INCLINED <input type="checkbox"/> PACKAGING <input type="checkbox"/> PAINTING <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> PRODUCTION <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> SAFETY TRAINING <input type="checkbox"/> SHIPPING/RECEIVING <input type="checkbox"/> STEELWORKING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> WELDING <input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Certified <input type="checkbox"/> ARC (stick) <input type="checkbox"/> ARC (line/wire feed) <input type="checkbox"/> Gas Weld <input type="checkbox"/> MIG (line feed) <input type="checkbox"/> TIG (allum/titanium)
	WOOD PRODUCTS	
	<input type="checkbox"/> CABINET MAKING <input type="checkbox"/> CLEAN UP <input type="checkbox"/> DRYER FEEDER <input type="checkbox"/> GRADER <input type="checkbox"/> GREEN CHAIN <input type="checkbox"/> Lumber <input type="checkbox"/> Veneer <input type="checkbox"/> MOULDER OPERATOR <input type="checkbox"/> MOULDER/PLANER SETTER <input type="checkbox"/> OFF BEARER <input type="checkbox"/> Lumber <input type="checkbox"/> Veneer <input type="checkbox"/> ON BEARER <input type="checkbox"/> Lumber <input type="checkbox"/> Veneer <input type="checkbox"/> PLANER CHAIN <input type="checkbox"/> SPREADERMAN <input type="checkbox"/> OTHER _____	

APPLICANT - PLEASE READ THIS AUTHORIZATION BEFORE SIGNING

I agree that I have been informed of the requirements of the work for which I am applying, and that the information on this application is correct and complete to the best of my knowledge. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I authorize you and all former employers, given by me as references, to answer all questions and to give all information in connection with this application or in any way concerning me. I understand that if accepted for employment, I will be working for you on your payroll, at your client's premises. I agree that I will obtain your permission before discussing permanent employment with your client. I understand I may not transfer to the payroll of a Selectemp client I have been previously assigned to for 120 days after the completion of the assignment without specific written consent from Selectemp management. I agree to immediately notify you at the conclusion of each assignment or as soon as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, and am not ready, willing and able to work. I understand that any information I learn while working for a client is to be kept confidential. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application. I hereby acknowledge that my employment is "at will", that I may resign at any time and the company may terminate my employment at any time, with or without cause. I agree to submit to a medical examination or drug screen by a physician designated by Selectemp (at Selectemp expense) at any time as may be required by Selectemp. I understand my employment may be contingent on passing of such examination(s). I authorize any company, agency, physician, or person to release information concerning my medical condition to Selectemp or its representative. In the event of an industrial accident, a test for drugs, controlled substances and alcohol, will be required as part of the medical examination of the injury. I agree to report any injury to Selectemp within 24 hours.

I HAVE READ, UNDERSTAND, AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT AND TO THE WRITTEN EMPLOYEE POLICIES RECEIVED DURING MY ORIENTATION.

Applicant Signature	Date	Interviewed By:
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Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate	OMB No. 1545-0010 20 _____
For Privacy Act and Paperwork Reduction Act Notice, see reverse		
1 Type or print your first name and middle initial	Last Name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	
City or town, state and ZIP code	4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>	
5 Total number of allowances you are claiming (from the worksheets on page 2 if they apply)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 20____, and I certify that I meet BOTH of the following conditions for exemption: * Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability: AND * This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here >		
	7	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature	Date	, 20
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