



# EMPLOYMENT APPLICATION

APPLICANT INFORMATION	
FULL NAME	SSN
ADDRESS	APT
CITY, STATE & ZIP	IF UNDER 18 LIST AGE:
PLEASE LIST ANY AND ALL PHONE NUMBERS, EMAIL ADDRESSES OR ALTERNATE CONTACT INFO <u>INCLUDING</u> ONE EMERGENCY CONTACT	
NAME/TYPE OF CONTACT	PHONE # / EMAIL ADDRESS
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE #
PRIMARY PHONE	
CELL PHONE	
ALTERNATE CONTACT	
OTHER	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN

EDUCATION			
NAME OF SCHOOL	CITY & STATE	# OF YEARS	MAJOR/DEGREE
HIGH SCHOOL			
COLLEGE			
TRADE/OTHER			

REFERENCES		
(1) NAME	COMPANY	
ADDRESS	PHONE	YEARS KNOWN
(2) NAME	COMPANY	
ADDRESS	PHONE	YEARS KNOWN
(3) NAME	COMPANY	
ADDRESS	PHONE	YEARS KNOWN



# EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY			
(1) COMPANY		PHONE #	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING PAY \$	ENDING PAY \$	
RESPONSIBILITIES			
FROM	TO	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
(2) COMPANY		PHONE #	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING PAY \$	ENDING PAY \$	
RESPONSIBILITIES			
FROM	TO	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
(3) COMPANY		PHONE #	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING PAY \$	ENDING PAY \$	
RESPONSIBILITIES			
FROM	TO	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY SERVICE	
BRANCH	# YEARS OF SERVICE
RANK AT DISCHARGE	TYPE OF DISCHARGE

TRANSPORTATION & AVAILABILITY						
DO YOU HAVE A DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DRIVER'S LICENSE #			TYPE/CLASS		EXPIRATION	
IF NO TRANSPORTATION, WHAT IS YOUR MEANS TO WORK?						
<i>PLEASE INDICATE THE TIMES &amp; DAYS YOU ARE AVAILABLE FOR WORK BELOW</i>						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ARE YOU ABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU ABLE TO WORK HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THERE ANY EXISTING PHYSICAL OR MENTAL DIABILITY THAT WOULD PREVENT YOU FROM PERFORMING FULLY THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN						



# EMPLOYMENT APPLICATION

SKILLS		
PLEASE INDICATE THE TYPE OF WORK YOU ARE INTERESTED IN AND CHECK ALL SKILLS YOU MAY POSSESS IN ANY AREA		
<input type="checkbox"/> MEDICAL / DENTAL	<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> OFFICE / GENERAL / OTHER
<input type="checkbox"/> MEDICAL ASSISTANT <input type="checkbox"/> DENTAL ASSISTANT <input type="checkbox"/> PHELBOTOMY/LAB TECH <input type="checkbox"/> FRONT OFFICE <input type="checkbox"/> MEDICAL BILLING & CODING <input type="checkbox"/> RN / LPN <input type="checkbox"/> X-RAY TECH	<input type="checkbox"/> PICK/PACK <input type="checkbox"/> FORKLIFT CERTIFIED <input type="checkbox"/> RF SCANNING <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> MANUFACTURING/LINE WORKER <input type="checkbox"/> GENERAL LABOR	<input type="checkbox"/> CUSTOMER SERVICE <input type="checkbox"/> TELEMARKETING <input type="checkbox"/> ADMINISTRATIVE ASSISTANT <input type="checkbox"/> MICROSOFT OFFICE <input type="checkbox"/> INTERNET BASED APPLICATIONS <input type="checkbox"/> INFORMATION TECHNOLOGIES

## APPLICATION FORM WAIVER AND SIGNATURE

\_\_\_\_\_ I agree that; In exchange for the consideration of my job application by PointPlus Personnel, Inc. (hereinafter called "the Company"), Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, \_\_\_\_\_ I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

\_\_\_\_\_ I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

\_\_\_\_\_ I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

\_\_\_\_\_ I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

\_\_\_\_\_ I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

<b>X</b> _____ APPLICANT SIGNATURE	_____ DATE
---------------------------------------	---------------

PointPlus Personnel, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.