

INDUSTRIAL EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY

Date _____
Social Security Number _____

Computer _____
Resume _____

LAST NAME	MIDDLE	FIRST	Will you accept same day assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work temporary jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work a permanent job? <input type="checkbox"/> Yes <input type="checkbox"/> No
STREET ADDRESS			Have you worked for a temporary agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Drivers Lic.? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any legal restrictions:
CITY			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been bonded? Have you ever refused bond? Are you bondable now?	

HOME PHONE	STATE	ZIP CODE	LIST TYPES OF WORK YOU CAN DO THAT ARE NOT LISTED BELOW 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____
MESSAGE PHONE	CELL PHONE	EMERGENCY PHONE	

Dates available for work Start _____ End _____	Circle days available M T W T F S S	Shift available Days _____ Swings _____ Graves _____ Other _____
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CHECK ONLY THE SKILLS IN WHICH YOU HAVE WORK EXPERIENCE

<p style="text-align: center;">ASSEMBLY</p> <input type="checkbox"/> Electrical <input type="checkbox"/> Machinery <input type="checkbox"/> Mechanical <input type="checkbox"/> P.C. Board/Electronic <input type="checkbox"/> Wire Harness <p style="text-align: center;">CONSTRUCTION</p> <input type="checkbox"/> Carpentry <input type="checkbox"/> Framing <input type="checkbox"/> Finish Trim <input type="checkbox"/> Electrician <input type="checkbox"/> Concrete <input type="checkbox"/> Finishing <input type="checkbox"/> Foundation <input type="checkbox"/> Stem Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Finish <input type="checkbox"/> Taping <input type="checkbox"/> Heat/Ventilation/AC <input type="checkbox"/> Certified HVV/AC <input type="checkbox"/> Residential Painting <input type="checkbox"/> Commercial Painting <input type="checkbox"/> Pipe Layer <input type="checkbox"/> Plumbing <input type="checkbox"/> Landscaping <input type="checkbox"/> Jackhammer <input type="checkbox"/> Tamper <input type="checkbox"/> Flooring-Wood	<p style="text-align: center;">MACHINE OPERATIONS</p> <input type="checkbox"/> Automotive Painting <input type="checkbox"/> CNC Operator <input type="checkbox"/> Extrusion <input type="checkbox"/> Foam <input type="checkbox"/> Injection Molding <input type="checkbox"/> Lathes <input type="checkbox"/> Machine Maintenance <input type="checkbox"/> Machine Repair <input type="checkbox"/> Milling <input type="checkbox"/> Polishing <input type="checkbox"/> Punch Press <input type="checkbox"/> Tool Crib <p style="text-align: center;">RESTAURANT</p> <input type="checkbox"/> Bar Tend <input type="checkbox"/> Bussing <input type="checkbox"/> Cook <input type="checkbox"/> Dishwasher <input type="checkbox"/> Food Handling <input type="checkbox"/> Packing <input type="checkbox"/> Prep Cook <input type="checkbox"/> Wait Staff <p style="text-align: center;">TEXTILE</p> <input type="checkbox"/> Cutting <input type="checkbox"/> Industrial Sewing <input type="checkbox"/> Punching	<p style="text-align: center;">WAREHOUSE</p> <input type="checkbox"/> Inventory <input type="checkbox"/> Manual Hand Truck <input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Order Picker <input type="checkbox"/> Pow/Lift Truck <input type="checkbox"/> Fork Lift <p style="text-align: center;">SKILLED TRADES</p> <input type="checkbox"/> Auto CAD, Programs: _____ <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Blueprint Reading <input type="checkbox"/> Certified Flagger <input type="checkbox"/> Cutter Grinding <input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Engineering Type _____ <input type="checkbox"/> Glazier <input type="checkbox"/> Machinist <input type="checkbox"/> Manual Drafter <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Welder () Fitter <input type="checkbox"/> Janitor/Housekeeping <input type="checkbox"/> Oil Field _____ <input type="checkbox"/> Roofing _____ <p style="text-align: center;">FOREIGN LANGUAGE(S)</p> _____
<p style="text-align: center;">PRINTING</p> <input type="checkbox"/> Laminating <input type="checkbox"/> Layout & Design <input type="checkbox"/> Pressman <input type="checkbox"/> Silkscreen <p style="text-align: center;">TRUCK DRIVERS</p> <input type="checkbox"/> Commercial Drivers License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Up to date DOT List Endorsements _____ <p style="text-align: center;">HEAVY EQUIPMENT</p> <input type="checkbox"/> Bob Cat/Skidster <input type="checkbox"/> Backhoe Other _____ List all Licenses and/or Certifications _____		
<p style="text-align: center;">DO YOU HAVE?</p> <input type="checkbox"/> Hardhat <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Mechanic Tools <input type="checkbox"/> Concrete Finishing Tools <input type="checkbox"/> Carpentry Finishing Tools <input type="checkbox"/> Drywall Finishing Tools		

EDUCATION

Circle Highest Grade Comp. Last School Attended Degree or Major Graduated
 High School 1 2 3 4

HOW WERE YOU REFERRED?

Newspaper _____ Yellow Pages _____
 Friend _____
 Other _____

Indicate Type of Work

You are Willing To Do
 Heavy Medium Light
 (See descriptions below)

LIST PREVIOUS EMPLOYMENT

Dates _____ Name of Employer _____ Address _____ Phone No. _____ Supervisor _____ Type of Work _____ Salary _____ Reason for Leaving _____

APPLICANT PLEASE READ AUTHORIZATION

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 agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. My employment may be terminated by you at any time without liability to me except for wages as have been earned by me as of the date of such termination. I understand that if accepted for employment, I will be working for you on your payroll, at your clients' premises. I understand that any information I learn while working for a client is to be kept confidential. It is agreed that I will obtain your permission before discussing permanent employment with your client. 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 state that the information provided you on this application is true and complete. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. 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.

X _____
 Applicant's Signature Date

(VOLUNTARY): CHECK ONLY AS RELATED TO PHYSICAL ABILITIES

- Sedentary Work: Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
 - Light Work: Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
 - Light Medium Work: Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
 - Medium Work: Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
 - Light Heavy Work: Lifting 75 pound maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
 - Heavy Work: Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.
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| <p>1. In an 8 hour day applicant may:</p> <p>A. Stand/Walk</p> <p><input type="checkbox"/> Non <input type="checkbox"/> 4-6 Hours</p> <p><input type="checkbox"/> 1-4 Hours <input type="checkbox"/> 6-8 Hours</p> <p>B. Sit</p> <p><input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours</p> <p>C. Drive <input type="checkbox"/> 5-8 Hours</p> <p><input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours</p> <p>2. Applicant may use Hand(s) for repetitive:</p> <p><input type="checkbox"/> Single Grasping <input type="checkbox"/> 5-8 Hours</p> <p><input type="checkbox"/> Fine Manipulation <input type="checkbox"/> Pushing & Pulling</p> <p>3. Applicant may use foot/feet for repetitive movement as in operating foot controls:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Applicant may: Not At All</p> | <p>Occasionally</p> <p>Frequently</p> |
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