

Date _____

CLERICAL EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY

Social Security Number _____

Resume _____

Computer _____

LAST NAME _____ MIDDLE _____ FIRST _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

MESSAGE PHONE _____ EMERGENCY PHONE _____

Dates available for work _____ Circle days available _____ Shift available _____
Start End M T W T F S S Days Swings Graves
Other _____

CHECK ONLY THE SKILLS IN WHICH YOU HAVE WORK EXPERIENCE

CLERICAL SKILLS

- Addressing
- Coding
- Copying
- E-mail
- Faxing
- Filing
- Phones
- Multi-Line Phones
- Proofreading
- Receptionist
- Ten Key by Touch
- Typing Speed _____ wpm

SECRETARIAL

- Engineering
- Executive
- Legal

FOREIGN LANGUAGE(S) _____

BOOKKEEPING

- Accounts Payable
- Accounts Receivable
- Assistant
- Bank Reconciliation
- Collection
- Full Charge
- General Ledger
- Job Costing
- Payroll
- Sales Tax Reporting
- Trial Balance

BOOKKEEPING SOFTWARE

- Peach Tree
- Quickbooks
- Quickbooks Pro
- Quicken
- Other _____

COMPUTER SOFTWARE

- Access
- M/S Excel
- M/S Word
- Adobe Indesign
- Photoshop
- Word Perfect/Corel
- Other _____

MEDICAL

- General Office
- Secretary
- Billing
- Transcription
- Medical Assistant
- RN
- CNA
- Dental Assistant
- Pharmacy Tech
- Vet Tech

MISCELLANEOUS

- Bank Teller
- Cashier
- Certified Flagger
- Customer Service
- Demonstrator
- Housekeeping
- Human Resources
- Inventory
- Lab Tech
- Licensed Insur. Agent
- Loan Processor
- Marketing
- Paralegal
- Real Estate

RESTAURANT

- Bar Tend
- Bussing
- Cook
- Dishwasher
- Food Handling
- Packing
- Prep Cook
- Wait Staff

Will you accept same day Assignments? () Yes () No

Will you work temporary jobs? () Yes () No

Valid Drivers Lic.? () Yes () No

Have you ever been bonded? Are you ever refused bond? Are you bondable now? () Yes () No

Will you work a permanent job? () Yes () No

List any legal restrictions:

LIST TYPES OF WORK YOU CAN DO THAT ARE NOT LISTED BELOW

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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"/> 3-5 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 <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently</p> <p style="margin-left: 20px;">a. Bend <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Twist <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Squat <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Climb <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">e. Reach <input type="checkbox"/> <input type="checkbox"/></p> | |
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