



First/Middle/Last: _____, _____, _____

Home Phone: (____) - ____ - _____

Cell Phone: (____) - ____ - _____

Address: _____

Address: _____

City: _____

State: _____

Zipcode: _____

Availability

Are you willing to work temporary? : Yes No

Are you looking for a full time position? : Yes No

Are you looking for contract positions? : Yes No

When are you available to start? (date) : _____

What days could you work? (Mon - Fri) : _____

What days could you work? (Sat - Sun) : _____

How many hours are you willing to work? : _____

Are you willing to work overtime? : Yes No

What is the minimum pay you desire? : _____

How much notice will you need if a position is offered to you? : _____

How many miles are you willing to travel to a position? : _____

Education

Name of School: _____
Type of school: _____
Address: _____
City: _____
State: _____
Zipcode: _____
Start Date (month/year) : _____
End Date (month/year) : _____
Highest Level Achieved: _____
Major: _____
Minor/other: _____

References

Company 1

Company Name: _____
Telephone: (____) - ____ - _____
Address: _____
City: _____
State: _____
Zipcode: _____
Supervisor Name: _____
Job Title: _____
Job Duties: _____
Start Date: _____
End Date: _____
Starting Wage: _____
Ending Wage: _____

May we contact the employer for a reference check?: Yes No

Company 2

Company Name: _____
Telephone: (____) - ____ - _____
Address: _____
City: _____
State: _____
Zipcode: _____
Supervisor Name: _____
Job Title: _____
Job Duties: _____
Start Date: _____
End Date: _____
Starting Wage: _____
Ending Wage: _____

May we contact the employer for a reference check?: Yes No

Company 3

Company Name: _____

Telephone: (____) - ____ - _____

Address: _____

City: _____

State: _____

Zipcode: _____

Supervisor Name: _____

Job Title: _____

Job Duties: _____

Start Date: _____

End Date: _____

Starting Wage: _____

Ending Wage: _____

May we contact the employer for a reference check? : Yes No

If you are applying for a job that is posted on our site, please write below the Listing Number found on the Job Listing Page.

Listing Number: _____

Agreement

I certify that the statements I have made are true and correct and without material omission. I understand that making false statements or omitting pertinent facts is sufficient cause for rejection or dismissal from employment. I authorize obtaining information from any person(s), employers, educational institutions, licensing authorities, and/or law enforcement agencies concerning my background, work habits, skill or conduct on the job, with the exception of past employer(s) I have indicated that are not to be contacted. I hereby release such person or entities from all liability for damages for issuing such information.

When I am employed, I agree that if at any time I make claims for personal injuries, I will submit myself, upon written request, to examination by a physician or physicians of employer's selection, at employer's expense, as often as may be requested.

I also agree that if I am employed, now or at any time in the future, my employment may be terminated at any time without liability to me for wages or salary except for such wages or salary, which I earned prior to the date of my termination. I understand the term of my employment shall be limited to the duration of any assignment that I accept.

I am aware that Public Law 91-508, known as the Fair Credit Reporting Act, requires the employer to inform me that a routine inquiry may be made that will provide applicable information concerning my character, my general reputation, my personal characteristics and my credit history. Upon written request, I will provide additional information as to the nature and scope of the inquiry or any report, which is produced.

I understand that I am applying for temporary or contract assignments. The completion of this application process shall constitute a conditional offer of employment subject to my availability and the availability of customer assignments calling for the skill and qualifications that I possess, and I agree to consider acceptance of such assignments.

Please take a moment to review your application. Indicate that you have read the above statement by signing the line below.

Sign Here: _____

You may wish to include your resume when sending in this application.

Illinois

8529 W. 191st St., Unit 33B

Mokena, IL 60448

Office: 815-469-4500

Fax: 815-469-4544

Louisiana

6688 West Main St

Houma, LA 70364

Office: 985-872-2992

Fax: 985-872-2793

New Mexico

6721 4th Street

Albuquerque, NM 87107

Office: 505-344-7600

Fax: 505-341-0296

Indiana

1303 S Heaton St

Knox, IN 46534

Office: 574-772-0200

Fax: 574-772-0213

Texas

1623 Center Street

Deer Park, TX 77536

Office: 281-479-1800

Fax: 281-479-1804