



**EMPLOYERS DEPOT, INC.**

# EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY DATE OF APPLICATION \_\_\_\_\_

PHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

FULL NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYED AT PRESENT?  YES  NO CURRENT SALARY \$ \_\_\_\_\_

TYPE OF WORK WANTED \_\_\_\_\_  FULL TIME  DAYS  TEMPORARY  
 PART TIME  EVENINGS  PERMANENT

ACCEPTABLE WAGES \_\_\_\_\_ / HOUR

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?  YES  NO

ARE YOU AT LEAST 18 YEARS OLD? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.) \_\_\_\_\_  YES  NO

IF HIRED CAN YOU PROVIDE EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? \_\_\_\_\_  YES  NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? \_\_\_\_\_  YES  NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted under your name (or another name) or social security number (or another social security number) of a felony (excluding convictions for marijuana which occurred more than two years ago, or for which the record has been sealed, expunged, eradicated, or judicially dismissed)? \_\_\_\_\_  YES  NO

SUCH CONVICTION MAY BE RELEVANT IF JOB-RELATED, BUT DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT

If yes, explain \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO

HOW WERE YOU REFERRED? \_\_\_\_\_

**PLEASE MARK THE SKILLS THAT APPLY TO YOU:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Filing                 | <input type="checkbox"/> Accounts Payable       | <input type="checkbox"/> IBM            |
| <input type="checkbox"/> 10 Key Calculator      | <input type="checkbox"/> Accounts Receivable    | <input type="checkbox"/> Macintosh      |
| <input type="checkbox"/> Typing - approx wpm    | <input type="checkbox"/> Payroll                | <input type="checkbox"/> Word Perfect   |
| <input type="checkbox"/> Correspondence         | <input type="checkbox"/> Asst. Bookkeeper       | <input type="checkbox"/> Word Star      |
| <input type="checkbox"/> PBX/Switchboard        | <input type="checkbox"/> Full Charge Bookkeeper | <input type="checkbox"/> Excel          |
| <input type="checkbox"/> Transcription          | <input type="checkbox"/> Data Entry             | <input type="checkbox"/> Lotus          |
| <input type="checkbox"/> Shorthand/Speedwriting | <input type="checkbox"/> Alpha/Numeric          | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> _____                  | <input type="checkbox"/> _____                  | <input type="checkbox"/> DOS            |
| <input type="checkbox"/> _____                  | <input type="checkbox"/> _____                  | <input type="checkbox"/> PageMaker      |
| <input type="checkbox"/> General Assembly       | <input type="checkbox"/> Shipping/Receiving     | <input type="checkbox"/> Graphics       |
| <input type="checkbox"/> Electronic Assembly    | <input type="checkbox"/> Forklift Operator      | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Electronic Tech        | <input type="checkbox"/> Maintenance/janitorial | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Packaging              | <input type="checkbox"/> Inventory              |   |
| <input type="checkbox"/> General Labor          | <input type="checkbox"/> _____                  |   |

**PREVIOUS EMPLOYMENT:** Start with your present or last job. Include military service assignment and volunteer assignments. Please include all experience for previous 10 years.

**1**

EMPLOYER	DATE EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

**2**

EMPLOYER	DATE EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

**3**

EMPLOYER	DATE EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

**4**

EMPLOYER	DATE EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

*If additional space is required, use supplemental experience sheet.*

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED GED	MAJOR/MINOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES: Provide two business and two personal references			
NAME	ADDRESS/PHONE NO.	BUS.	PER.

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

Please read carefully and sign where indicated:

By signing below, I authorize EMPLOYERS DEPOT, INC. in its usual course of business and using its sole discretion and judgement, and without liability, to furnish my resume together with all job related information provided by me to any prospective employer; and to check my personal, business and credit history. I am aware that information gathered about me is used to determine my eligibility for recommendation by EMPLOYERS DEPOT, INC. to prospective employers, I do (init. ) authorize my present employer to be contacted. I do authorize previous employers and other persons listed above to release and/or verify information specifically related to previous job performances and other related data. In addition, I acknowledge that I can not accept direct employment with any employer that EMPLOYERS DEPOT, INC. has referred me for consideration unless the terms and conditions of such employment have been satisfied. I agree to notify EMPLOYERS DEPOT, INC. every 5 (five) days that I am available for assignment and understand that if I fail to give such notice, EMPLOYERS DEPOT, INC. may assume that I am not available for employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DRIVER'S LIC # \_\_\_\_\_

FOR OFFICE USE ONLY

TEST SCORES: SPELLING \_\_\_\_\_ MATHEMATICAL \_\_\_\_\_ FILING: Numeric \_\_\_\_\_ Alphabetical \_\_\_\_\_

CHECKING / PROOFREADING \_\_\_\_\_ GRAMMAR \_\_\_\_\_ TYPING \_\_\_\_\_ DATA ENTRY \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONSULTANT: \_\_\_\_\_ DATE: \_\_\_\_\_