



PHOENIX STAFFING

Application For Employment - An Equal Opportunity Employer

777 Roosevelt Road, Suite 200 Glen Ellyn, Illinois 60137 Telephone: 630.446.4030 Fax: 630.446.4031

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accomodation to the application or interview process should notify a recruiting coordinator.

CONTACT INFORMATION

PLEASE PRINT

LAST NAME			FIRST NAME			M.I.			DATE		
PRESENT ADDRESS			APT. NO.		CITY		STATE			ZIP	
PERMANENT / MAILING ADDRESS			APT. NO.		CITY		STATE			ZIP	
PHONE			2ND PHONE			EMERGENCY CONTACT PERSON					
E-MAIL ADDRESS						EMERGENCY CONTACT PHONE NUMBER					

LAST NAME

FIRST

MIDDLE NAME

DESIRED EMPLOYMENT

POSITION			DATE YOU CAN START			MINIMUM STARTING PAY RATE		
TYPE OF EMPLOYMENT DESIRED								
<input type="checkbox"/> FT - PERM. <input type="checkbox"/> PT - PERM. <input type="checkbox"/> PT - TEMP. <input type="checkbox"/> TEMP. / SEASONAL, LENGTH OF ASSIGNMENT:								
AVAILABILITY - DAYS					SHIFTS			
<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su					<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> SWING			
DO YOU HAVE A FRIEND OR FAMILY MEMBER CURRENTLY EMPLOYED BY PHOENIX STAFFING?						EARLIEST START TIME		LATEST FINISH TIME
<input type="checkbox"/> NO <input type="checkbox"/> YES, NAME:								
HAVE YOU APPLIED W/ PHOENIX STAFFING BEFORE?			HAVE YOU WORKED FOR PHOENIX STAFFING BEFORE?					
<input type="checkbox"/> NO <input type="checkbox"/> YES, WHEN:			<input type="checkbox"/> NO <input type="checkbox"/> YES, REASON FOR LEAVING:					
HOW WERE YOU REFERRED TO PHOENIX STAFFING								
<input type="checkbox"/> UNEMPLOYMENT OFFICE <input type="checkbox"/> LOCAL COLLEGE <input type="checkbox"/> SIGN <input type="checkbox"/> CAREERBUILDER.COM <input type="checkbox"/> COMPANY								
<input type="checkbox"/> ILLINOIS SKILL MATCH <input type="checkbox"/> PHONE BOOK <input type="checkbox"/> NEWSPAPER:								

ELIGIBILITY FOR EMPLOYMENT

ARE YOU 18 YEARS OR OLDER?		IF YOU ARE UNDER 18 AND IT IS REQUIRED, CAN YOU PROVIDE A WORK PERMIT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN:	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN:			
HAVE YOU EVER PLEAD "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN:			YEAR
<input type="checkbox"/> NO <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY			
ANSWERING "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. OTHER FACTORS WILL BE TAKEN INTO ACCOUNT.			
DRIVERS LICENSE NUMBER (IF DRIVING IS AN ESSENTIAL JOB FUNCTION)			STATE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	COURSES STUDIED
GRAMMAR SCHOOL		FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, CORRESPONDENCE SCHOOL		FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER		STARTING DATE	ENDING DATE
STREET ADDRESS		CITY	STATE ZIP
STARTING PAY RATE	FINAL PAY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SUPERVISOR
JOB TITLE		SUPERVISOR TELEPHONE NUMBER	SUPERVISOR TITLE
DESCRIPTION OF WORK			
SKILLS REQUIRED FOR JOB			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER		STARTING DATE	ENDING DATE
STREET ADDRESS		CITY	STATE ZIP
STARTING PAY RATE	FINAL PAY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SUPERVISOR
JOB TITLE		SUPERVISOR TELEPHONE NUMBER	SUPERVISOR TITLE
DESCRIPTION OF WORK			
SKILLS REQUIRED FOR JOB			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER		STARTING DATE	ENDING DATE
STREET ADDRESS		CITY	STATE ZIP
STARTING PAY RATE	FINAL PAY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SUPERVISOR
JOB TITLE		SUPERVISOR TELEPHONE NUMBER	SUPERVISOR TITLE
DESCRIPTION OF WORK			
SKILLS REQUIRED FOR JOB			
REASON FOR LEAVING			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

REFERENCES

BELOW, GIVE THE NAMES OF PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

NAME	PROFESSION	TELEPHONE #	NATURE OF RELATIONSHIP

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE	APPLICANT SIGNATURE
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