

Community Staffing

CONTRACT · TEMPORARY · TEMP-HIRE · PERMANENT

ONLINE SUPPLEMENTAL APPLICATION

For applicants who have already completed an online application

Thank you for your time in completing this additional information!! It will help us in the process to connect you to potential placements!

APPLICANT INFORMATION

NOTE: Name must be written exactly as it appears on your Social Security Card

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Date Available					
Home Phone			Cell Phone		
Email					
Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have your own car? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked for a temporary company? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Names and addresses of firms worked as a temporary					
Person to contact in case of emergency				Phone	

REFERENCES

Please list three professional references.

Full name		Relationship	
Company		Phone ()	
Address			
Full name		Relationship	
Company		Phone ()	
Address			
Full name		Relationship	
Company		Phone ()	
Address			

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature	Date
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Last Name _____

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Will you work as a temporary? Yes No

Will you take a same-day assignment? Yes No

Are you available long term? Yes No

Are you interested in temp-to-hire? Yes No

Are you 18 years or older? Yes No

Do you have a valid drivers license? Yes No

Do you have reliable transportation? Yes No

Explain _____

How many miles are you willing to commute? _____

How many minutes are you willing to commute? _____

Please indicate the days and shifts available

	1st Shift	2nd Shift	3rd Shift
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any special conditions relating to time available to work:

Please tell us about the type of work you are looking for:

Full Time Part Time Temporary Temp-Hire

Factory / Light Industrial Administrative / Clerical Other: _____

Explain: _____

How much lifting are willing to do?

Light - up to 35 lbs. Medium - 35 - 50 lbs. Heavy - over 50 lbs.

Minimum Pay (per hour) _____ Minimum length of assignment _____

Please tell us what languages you speak

If more than one chosen please circle your primary language.

English Spanish French Italian Chinese Japanese

Other: _____

Licenses/Special Degrees

Description	License #
Description	License #
Description	License #

An assembly, packing and office positions may involve some of the following tasks. Most of these tasks will be repetitive in nature.

Please check all that apply to you and sign & date below.

- Lifting up to 35 pounds**
- Stooping**
- Bending**
- Rotating the wrists**
- Sitting up 8 hours per day**
- Standing up to 8 hours per day**

I am capable of doing the following checked off tasks.

Signature

Date

Authorization to Release Information

To Whom It May Concern

I hereby authorized and request any present or former employer, school, police department, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand the authorization is to be part of the written temporary employment application, which I sign.

Print name: _____

Signature: _____

Present Address: _____

Today's Date _____

Date of Birth (for identification purposes only): _____

Last four digits of SSN (for identification purposes only): ____ ____ ____ ____