



"Your Premier HR Consulting Staffing Firm"

Office Use only:

ID # _____

INTERVIEWED BY: _____

DATE ENTERED _____

DATE: _____

EMPLOYMENT APPLICATION

Apex Personnel is an equal opportunity employer and follows all State and Federal Regulations of equal employment. All applicants and employees are considered for hire and promotion without regard to race, age, color, religion, gender, national origin, age, handicap or status as a veteran.

Directions: Complete all questions. Please print or type responses. If you are unable to complete a response in the space provided, complete your answer in the space provided in item 31 on page 4.

1. State the position you are applying for?	
2. How did you hear about Apex Personnel?	Referred By:
3. State other positions for which you would like to be considered for?	
4. Name (Last, First, Middle)	
5. Street address	6. Apt #
7. City	8. State 9. Zip
10. If mailing address is different, provide address	11. E-mail address
12. Home Number	13. Cell Number
14. Have you ever been employed with Apex Personnel? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide dates of employment: From: Month _____ Yr _____ to Month _____ Yr _____	
15. What starting Salary and Shift would be acceptable to you? Per hour\$ _____ Per month\$ _____ Shift: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	
16. When would be the earliest date that you would be available to start work? Month _____ Day _____ Year _____	
17. Are you available for:	18. Would you consider temporary work of:
Part-time work Yes <input type="checkbox"/> No <input type="checkbox"/>	Less than 3 months Yes <input type="checkbox"/> No <input type="checkbox"/>
To relocate Yes <input type="checkbox"/> No <input type="checkbox"/>	3 - 6 months Yes <input type="checkbox"/> No <input type="checkbox"/>
Overnight travel Yes <input type="checkbox"/> No <input type="checkbox"/>	9 - 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Hours preferred: No preference or Start work at _____ (enter time of day).	
Days of the week: No preference or Circle the days of the week that you prefer to work:	
	Sun Mon Tues Wed Thurs Fri Sat
20. Military experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list branch of service: _____	
Dates of active duty: From _____ to _____	
Primary duties _____	

21. Experience.		
Name of employer		Immediate supervisor
Address of employer		Telephone number
City	State	Zip code
Type of business		Your job title
Dates of employment From Month _____ Yr _____ to Month _____ Yr _____		
Reason for leaving:		
Salary range: Beginning wage \$ _____ per <i>hour</i> Ending wage \$ _____ per <i>hour</i>		
Duties (be specific):		
Special training that you received:		
Name of employer		Immediate supervisor
Address of employer		Telephone number
City	State	Zip code
Type of business		Your job title
Dates of employment From Month _____ Yr _____ to Month _____ Yr _____		
Reason for leaving:		
Salary range: Beginning wage \$ _____ per <i>hour</i> Ending wage \$ _____ per <i>hour</i>		
Duties (be specific):		
Special training that you received:		
Name of employer		Immediate supervisor
Address of employer		Telephone number
City	State	Zip code
Type of business		Your job title
Dates of employment From Month _____ Yr _____ to Month _____ Yr _____		
Reason for leaving:		
Salary range: Beginning wage \$ _____ per <i>hour</i> Ending wage \$ _____ per <i>hour</i>		
Duties (be specific):		
Special training that you received:		

22. Explain all gaps in your employment that were 3 months or greater:

From: Month _____ Yr _____ to Month _____ Yr _____ Reason _____

From: Month _____ Yr _____ to Month _____ Yr _____ Reason _____

From: Month _____ Yr _____ to Month _____ Yr _____ Reason _____

23. List special qualifications and skills that you have.

24. List licenses or certifications (list state and expiration date, if applicable).

25. Do you have your own transportation? Yes No Do you have a valid Driver's License? Yes No

26. If currently employed, may we contact your employer and/or supervisor?
 Yes No

27. Education:

Indicate highest level of education. _____

List, beginning with high school, all schools attended. Indicate city and state of school, degree (if any) and major subject

<u>School name</u>	<u>City and State</u>	<u>Degree</u>	<u>Major Subject</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other training. Describe any other formal or informal training received in the past ten years. Provide dates of attendance, course length, location and certificate received.

28. Emergency Contact:

Name _____ Relationship: _____ Contact# _____

29. References: List three persons not related to you who are able to verify the information provided in this application. Do not list supervisors mentioned above.

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
_____	Street Address _____	_____
City, State and Zip _____	_____	_____
_____	Street Address _____	_____
City, State and Zip _____	_____	_____
_____	Street Address _____	_____
City, State and Zip _____	_____	_____

30. Respond to the following questions:

Yes

No

a. Are you eligible to work in the U.S.?

b. Have you ever been convicted of a Crime? Including Felonies, Misdemeanors, Drug Related or any other Crimes other than: Traffic Violations?

If Yes, please list each Felony, Misdemeanor, Drug Related Convictions on Space# 31. Include each date, and indicate the type and nature of the Conviction. The existence of a criminal record does not create an automatic bar to employment. Sealed or expunged records/ convictions do not need to be disclosed.

c. Do you have any blood relatives employed by this company?
If yes, name of relative:

Relation to you: _____
(Company may have a nepotism policy that prohibits close relatives from working in the same department or division)

d. Do you have any restrictions that impede you from performing your job?

Please Explain: _____

31. **Additional information.** Use this space to expand upon your answers to questions. Indicate item number.

32. Candidate statement: Use this space to communicate to the company any special information not listed in the application.

Notice: *All information supplied by the applicant is subject to review and verification by the employer. Inaccurate information may result in rejection of the application or dismissal from employment.*

"I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief.

Applicant Signature

Date