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Last name	First Name	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Telephone/Other ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year			Social Security #
Position Desired How did you hear about TSI?			Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Transportation: <input type="checkbox"/> Car <input type="checkbox"/> Bus
If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			
Personal Reference			When will you be available to begin work?
In Case of Emergency			

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School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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CHECK BELOW POSITIONS AND SKILLS IN WHICH YOU HAVE VERIFIABLE EXPERIENCE

CLERICAL <input type="checkbox"/> Customer Service <input type="checkbox"/> Receptionist <input type="checkbox"/> Single Line <input type="checkbox"/> Multi Line <input type="checkbox"/> Mail/Filing <input type="checkbox"/> Typing SECRETARIAL <input type="checkbox"/> Executive <input type="checkbox"/> Legal <input type="checkbox"/> Admin. Assistant <input type="checkbox"/> Medical <input type="checkbox"/> Other _____	WORD PROCESSING <input type="checkbox"/> Windows 95 <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Word Perfect <input type="checkbox"/> Excel <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> Other _____ TRANSCRIPTION <input type="checkbox"/> Dictaphone <input type="checkbox"/> Short Hand	DATA ENTRY <input type="checkbox"/> CRT <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric KS/hr. ACCOUNTING <input type="checkbox"/> Full Charge <input type="checkbox"/> Asst. Bookkeeper <input type="checkbox"/> AP <input type="checkbox"/> AR <input type="checkbox"/> Payroll	CONSTRUCTION <input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Plumber <input type="checkbox"/> Operating Engineer Types: _____ _____ _____ <input type="checkbox"/> Painter <input type="checkbox"/> Welder	LABORER <input type="checkbox"/> General <input type="checkbox"/> Landscaping LABORER <input type="checkbox"/> Assembly <input type="checkbox"/> Manufacturing <input type="checkbox"/> Packaging <input type="checkbox"/> Shipping & Receiving <input type="checkbox"/> Fork Lift List Type(s) _____ _____ Certification _____	DRIVER <input type="checkbox"/> CDL A <input type="checkbox"/> CDL B BUILDING MAINTENANCE/ BUILDING OPERATION <input type="checkbox"/> Ground <input type="checkbox"/> Janitorial <input type="checkbox"/> Other _____ _____ _____
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PLEASE READ: I authorize the Agency to check my references regarding past employment. I agree to contact the Agency after each assignment is completed, to check if other work is available. If I do not contact the Agency, they can assume that I am not available for work.

PLEASE SIGN: _____ **DATE:** _____

DO NOT WRITE IN THE SPACE BELOW
COMMENTS

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, NATIONAL ORIGIN, OR PHYSICAL DEFECTS."

