

Application for Employment

APPLICATION FOR EMPLOYMENT					
Name	Last	First	M.	Social Security #	Date
Home Phone		Work Phone		Cell Phone	
When can you start		Salary Requirements		Work Preference	
Are you 18 years or older?		Are you presently employed?		May we contact your current employer?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
CURRENT ADDRESS					
List Address			City, State		Zip Code
PERMANENT ADDRESS					
List Address			City, State		Zip Code

** EMERGENCY CONTACTS **			
Name	Last	First	Phone Number
Alternate:			

REFERENCES			
Name	Address	City State	Zip Code
Professional Relationship?:	Phone Number:	E-Mail Address:	Years Known:
Name	Address	City State	Zip Code
Professional Relationship?:	Phone Number:	E-Mail Address:	Years Known:
Name	Address	City State	Zip Code
Professional Relationship?:	Phone Number:	E-Mail Address:	Years Known:
Name	Address	City State	Zip Code
Professional Relationship?:	Phone Number:	E-Mail Address:	Years Known:
Name	Address	City State	Zip Code
Professional Relationship?:	Phone Number:	E-Mail Address:	Years Known:

Office Toll Free: (866) 327-8836 Fax Toll Free: (866) 836-7329.

Information supplied in this Application for Employment is strictly confidential.

EDUCATION					
Name of School-Institution	Location School City/State	Date/Yr.'s Attended	Date/Yr.'s Comp.	Hours	Grad.? Degree?
High School:					
College:					
College:					
Graduate School:					
Other:					
Continuing Ed/Certifications	Yes - No	Date Taken		Exp. Date	
Critical Care Course	Yes <input type="checkbox"/> No <input type="checkbox"/>				
EKG Course	Yes <input type="checkbox"/> No <input type="checkbox"/>				
CPR/BCLS Certified	Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYMENT HISTORY					
Employer (1)	Immediate Supervisor	Phone Number		Extension	
Address	City State	Zip Code	Dates Employed To-From		
			Month/Year To-From Month/Year		
OK to contact?	Travel Assignment		Reason for Leaving		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Dept/Unit/Floor	Position/Title	Specialty	Salary	Shift?	Hours per week?

Employer (2)	Immediate Supervisor	Phone Number		Extension	
Address	City State	Zip Code	Dates Employed To-From		
			Month/Year To-From Month/Year		
OK to contact?	Travel Assignment		Reason for Leaving		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Dept/Unit/Floor	Position/Title	Specialty	Salary	Shift?	Hours per week?

Employer (3)	Immediate Supervisor	Phone Number		Extension	
Address	City State	Zip Code	Dates Employed To-From		
			Month/Year To-From Month/Year		
OK to contact?	Travel Assignment		Reason for Leaving		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Dept/Unit/Floor	Position/Title	Specialty	Salary	Shift?	Hours per week?

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Employer (4)		Immediate Supervisor	Phone Number		Extension
Address		City State	Zip Code	Dates Employed To-From	
				Month/Year To-From Month/Year	
OK to contact?		Travel Assignment		Reason for Leaving	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Dept/Unit/Floor	Position/Title	Specialty	Salary	Shift?	Hours per week?

Employer (5)		Immediate Supervisor	Phone Number		Extension
Address		City State	Zip Code	Dates Employed To-From	
				Month/Year To-From Month/Year	
OK to contact?		Travel Assignment		Reason for Leaving	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Dept/Unit/Floor	Position/Title	Specialty	Salary	Shift?	Hours per week?

Have you ever been discharged from an assignment or forced to resign: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:

MILITARY EXPERIENCE		
Duty Dates	Branch of Service	Permanent
Responsibilities	Special Training	
Discharge	If No, Explain	
Honorable: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Information supplied concerning discharge other than honorable will not necessarily impact a positive application process or cause termination after you have been employed.		

BACKGROUND			
In the last seven years have you been convicted of a crime (misdemeanor or felony) other than traffic violations. A conviction is defined a plea, verdict, or finding of guilt regardless of whether a sentence is imposed by a court of law. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Charge	Where	Sentence	Date

DRIVER'S LICENSE		
State	License Number	Expiration Date
Has your license ever been suspended or revoked		Traffic Violations (Last 7 years)
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain all traffic violations		

Applicant's Certification and Agreement
(Please Read Each Statement Carefully Before Signing)

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. If Fast Trak Temps, Inc. employs me; I will follow all company rules and guidelines.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all-medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND that this application or subsequent employment does not create a contract of employment nor guarantee employment of any definite period of time. If employed, I understand that I have been hired at the will of the employer and I may voluntarily leave my employment or Fast Trak Temps, Inc. may terminated my employment at any time, with or without cause and with or without notice. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of my employment with Fast Trak Temps, Inc. or the reasons for which my employment can be terminated.

Note: By submitting this form, you are agreeing to conditions above.

Signature of Applicant	Date