



LABOR PERSONNEL, LLC

Employment Agency - Labor Solutions

APPLICATION FOR TEMPORARY EMPLOYMENT

PLEASE TYPE OR PRINT: Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume".) applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State, & Zip:		
Social Security Number:	Cell Phone:	Home/work phone:	Other Phone:	
Are you eligible to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email:	
Emergency Contact Name, relationship, phone number,	Name:		Relationship:	Phone number:
Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO, what is your current age?	
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, what is your current job title & department?	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, explain	
Are you related to any current (company employee)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity Check all that apply:				
<input type="checkbox"/> Job (Posting) / Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee Person how referred you to LP: <input type="checkbox"/> Other: <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Ad in magazine				

EDUCATION

Name of School	City/State	Did you graduate?	If NO, # of years left to graduate?	If YES, date of graduation	Degree received	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credential/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organizations, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** Labor Personnel, LLC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, #hrs./wk: _____	Title: _____
Starting Salary: _____ Final Salary: _____	Organization Name and Address: _____ _____ _____	
Supervisor's Name, Title and Phone # _____	Other Reference Name, Title, and Phone #: _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize { Professional Staffing } to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of { Professional Staffing } serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. **Biometric Information Consent.** By signing below, the undersigned acknowledges that he/she has read and is familiar with Labor Personnel, LLC. policy concerning the use of the employee biometric information and hereby consents to the collection and use of such information in accordance with organization policy. **Health Insurance:** By signing below, I certify that I decline the offer for Health Insurance at this time.

Applicant Signature: _____

Date: _____