



# The Recruiting SPECIALIST

## Application for Employment

The Recruiting Specialist provides equal opportunities for all applicants regardless of race, religion, national origin, sex, age, disability or veteran status. Qualified applicants will meet the requirements specified and can perform the essential functions of the job in which application is made.

Date: \_\_\_\_\_

### PERSONAL:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Other Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Shifts available to work: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 12 hour shifts \_\_\_\_\_

Type of employment desired: Full time \_\_\_ Part Time \_\_\_ Long Term \_\_\_ Short Term \_\_\_

Type of transportation: Own car \_\_\_ Friend's car \_\_\_ Bus line \_\_\_ Walk \_\_\_

What areas are you willing to travel to? Denton \_\_\_ Greensboro \_\_\_ High Point \_\_\_ Kernersville \_\_\_  
 Lexington \_\_\_ Mocksville \_\_\_ Thomasville \_\_\_ Asheboro \_\_\_  
 Winston Salem \_\_\_ Salisbury \_\_\_

How did you hear about us? Newspaper Ad \_\_\_ Phone Book \_\_\_ Other \_\_\_

Have you ever been convicted or pled guilty or no contest to any criminal offense other than a minor traffic violation?  
 Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Answering yes to the above does not eliminate an opportunity for employment.

In case of an emergency the following people are allowed to pick up my paycheck: \_\_\_\_\_

Do you have the legal right to remain and work permanently in the U.S.? Yes \_\_\_ No \_\_\_  
 If no, Visa #: \_\_\_\_\_

In case of emergency, please contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

References: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

## Education

	High School	College	Grad School	VO-Tech/Other
Name of Institution				
City				
Major				
Grade Point Average				
Highest Grade Completed				
Did you receive GED or Diploma?				
Years Attended (Ex: 9-84 to 5-88)				

## Employment History

Please begin with your present or most recent employer.

Company Name		Telephone
Address		Employed (State month and year) From _____ To _____
Name of Supervisor	Job Title	Hourly Pay Rate Start _____ End _____
Describe Job Duties		Reason for leaving
Company Name		Telephone
Address		Employed (State month and year) From _____ To _____
Name of Supervisor	Job Title	Hourly Pay Rate Start _____ End _____
Describe Job Duties		Reason for leaving
Company Name		Telephone
Address		Employed (State month and year) From _____ To _____
Name of Supervisor	Job Title	Hourly Pay Rate Start _____ End _____
Describe Job Duties		Reason for leaving

Have you ever worked for a staffing agency before? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Agency \_\_\_\_\_ Company Name \_\_\_\_\_

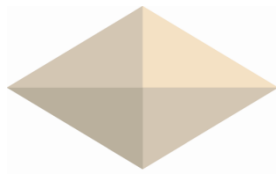
Dates Worked \_\_\_\_\_ Job Description \_\_\_\_\_

Name of Agency \_\_\_\_\_ Company Name \_\_\_\_\_

Dates Worked \_\_\_\_\_ Job Description \_\_\_\_\_

Name of Agency \_\_\_\_\_ Company Name \_\_\_\_\_

Dates Worked \_\_\_\_\_ Job Description \_\_\_\_\_



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## RELEASE AUTHORIZATION FORM

By signing below, I authorize **The Recruiting Specialist** to verify any and all information given by me that pertains to my eligibility for potential or continued employment. I fully understand that the information will include, but is not limited to, criminal records, drug testing, credit history, employment verification, social security number verification, motor vehicle driving record, education verification, and personal history. I hereby give permission to employers, agencies, and personal references with whom I am acquainted to answer all questions and release information being asked. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies named above from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information correctly and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

**\*\*PLEASE PRINT CLEARLY\*\***

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**List any other name used in the last 7 years (Maiden Name)** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Race \_\_\_\_\_ Phone # \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**List other cities or towns that you have lived in the past 7 years:**

Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_