

Priority Staffing, Ltd.

117 Republic Ave, Joliet, IL 60435-6515

Phone: (815) 725- 4121

Fax: (815) 725-6311

Date: _____

Last Name:	
First Name & Middle Int:	
Soc Sec Number:	_____ - _____ - _____
Phone Number:	Please circle all that apply: Answg Mach Caller Id Cell Phone Pager Voicemail
Alternate Phone Number:	Please circle all that apply: Answg Mach Caller Id Cell Phone Pager Voicemail
Nick-name:	
Preferred Shift:	1 st 2 nd 3 rd

Address:	
City:	
State:	
Zip Code:	
Bilingual? (Please Circle)	No Yes- Spanish Yes- Other _____
Email Address:	

How did you hear about us? _____ Referral (Source): _____

Below what dollar per hour should we NOT offer you a job? \$_____/hour

What is your form of transportation? _____

Have you had any moving violations in the last year? Yes No

Do you own steel-toed work boots? Yes No

Do you have the legal right to work in this country? Yes No

Some of our clients require drug testing as a condition for an assignment.

Would you be willing to take a drug test as a condition for an assignment? Yes No

Education

Type of Education	Name and Location	Years Completed (please circle)				Major/ Degree	
High School		9	10	11	12		
College		1	2	3	4	5	
Trade, Business, or other schooling							

Employment History

(Please list most recent position first.)

Dates	Company Name	Supervisor & Pay Rate	Work Performed	Reason for Leaving
End:			Title: _____	
Start:	Location:	Phone:		

End:			Title: _____	
Start:	Location:	Phone:		

End:			Title: _____	
Start:	Location:	Phone:		

End:			Title: _____	
Start:	Location:	Phone:		

I hereby declare that all statements contained in this application are true and understand that false or inaccurate information in the application will be the basis for termination. I thereby authorize Priority Staffing, ltd. to investigate my background and verify this information. I also authorize Priority Staffing to release the information contained herein, including work history, to other firms or persons on request.

I understand that, if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I will remember that Priority Staffing, ltd is my employer. When not on assignment, I am required to call the office on Mondays between 8 AM and 5 PM to report that I am available and actively looking for work. Additionally, I will call the office when my assignment is completed. I understand that my failure to report to Priority Staffing for work will indicate that I have quit.

I understand and agree that I may be expected to work on a wide variety of job assignments, for which I am qualified, as they become available.

I also agree to submit to drug screens and/or contagious disease screens upon request.

Applicant Signature

Date

Do not write below this line- for office use only

Industrial • Skilled • Office • Technical

(Please check all that apply)

Office:

Clerical:

Typing ___ Faxing ___ Filing ___ Copying ___

Phones: ___

Number of Lines ___

Switchboard ___ Voicemail
System? Y/N

Data Entry ___ Keystrokes _____

General Secretary ___

Executive Secretary ___

Legal Secretary ___

Accounting:

Accounts Payable ___ Receivable ___

Payroll ___

General Ledger ___

Bookkeeper: ___ Full Charge ___

Insurance/ Medical Claims ___

Department Head ___

Software Packages:

Windows ___ Version _____

Microsoft Word ___ Version _____

Word Perfect ___ Version _____

Microsoft Excel ___ Version _____

Lotus 1-2-3 ___ Version _____

Access ___ Version _____

PowerPoint ___ Version _____

Other _____

Miscellaneous:

Retail ___ Cashier ___

Food Preparation ___ Cook ___

CNA ___

Other _____

Safety/Health Restrictions:

Unable to stand long periods ___

Lifting Restrictions:

Can Only Lift up to 20 lbs ___

Can Lift up to 50 lbs ___

Can Lift over 50 lbs ___

Afraid of Heights ___

Afraid of Confined Spaces ___

Other safety or Health Restrictions

(Please be specific): _____

Factory:

Light Assembly ___

Electronic Assembly ___

Quality Control: Manual ___ Caliper ___

Other _____

Warehouse:

Picking and Packing ___

Shipping and Receiving ___

Palletizing ___

Dock Worker ___

Material Handling ___

Shrink Wrap ___

Forklift ___

Types of forklift used: _____

Forklift Certified? : (Circle one)

Yes, I have it with me

Yes, but not with me

No, not current

No, never

Inventory: Manual ___ Computer ___

Stockroom ___

Other _____

Machine Operation:

Machine Operator ___

Types _____

Brake ___

Hand Grinder ___

Shear Operator ___

Reads Blueprints ___

Machinist General ___

Machinist Journeyman ___

CNC Machinist ___

Other _____

Miscellaneous:

Driver: Manual ___ General ___ CDL ___

Mechanic: Auto ___ Maintenance ___

Plumber ___

Electrical Helper ___

Landscaper ___

Carpenter ___

Roofer ___

Painter: Commercial ___ Residential ___

CAD Operator ___

Other _____

Employee Authorization and Consent Form

As a condition for employment or continued employment, I understand that at any time during my employment, I may be asked by *Priority Staffing, Ltd.* ("*Employer*") to provide a blood, urine, hair, or breath sample for the purpose of detecting the presence of a controlled substance, alcohol, or prescription medication taken without a valid medical prescription. In addition, I understand that I will be required to undergo an immediate drug screen test whenever an on-the-job accident or injury is reported in accordance with *the Employer's* on-the-job policy.

I hereby authorize *Employer* to release and disclose the test results relating to controlled substances and alcohol to *the Employer's* insurance companies and *the Employer's* agents and contractors.

As a condition of employment, *the Employer* requires: (1) I acknowledge receipt of *the Employer's* drug and alcohol policy; (2) I agree to abide by the terms and conditions of the policy; (3) I agree I will notify the *Employer* of any drug conviction for a violation occurring in the workplace no later than five (5) calendar days after the conviction; (4) If convicted of a drug offense for a violation occurring in the workplace, I understand that I will be terminated as an employee.

As a condition of employment, I hereby release and forever discharge *Employer*, its directors, agents, and employees from all claims, damages, and causes of action that may arise from the test, from the release and disclosure of the test results, and termination of employment.

Signature

Print Name

Date

Have you ever been convicted of a felony or misdemeanor – other than traffic violations? (If the conviction has been ordered expunged, sealed, or impounded by a Court of law, you should answer the question NO).

Yes _____

No _____

If yes, please explain all facts relating to the conviction or convictions:

Signature

Print Name

Date

Equal Opportunity Employer

Priority Staffing, Ltd. provides equal opportunities to all employees and applicants for employment without regard to race, creed, color, religion, gender, national origin, age, citizenship, disability, veteran status, or any other protected status. This policy governs all areas of employment at *Priority Staffing*, including but not limited to recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and terminations.