



Application for Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Full Legal Name

Address		Apt.#	City/State	Zip
Mobile Number	Alternate Number	Social Security Number		
Mobile Phone Carrier		Email Address		
Emergency Contact Name Phone		Bilingual Yes <input type="checkbox"/> No <input type="checkbox"/> Language		
Are you eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		How did you hear about us (Walk-in / Advertisement / Referral) Referral Source		
If Selected for Employment Are You Willing To Submit to a Pre-Employment Drug and Background Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Positions You Are Applying For	Available Start Date	Desired Pay
Preferred Shift <input type="checkbox"/> 1st <input type="checkbox"/> 2nd Other		
Office Skills (Check all that Apply) Clerical <input type="checkbox"/> Accounting <input type="checkbox"/>	Factory / Industrial (Check all that Apply) Light Assembly <input type="checkbox"/> Production <input type="checkbox"/> QC <input type="checkbox"/>	Miscellaneous Skills
Warehouse Pick/Pack <input type="checkbox"/> Ship/Rec <input type="checkbox"/> Material Handling <input type="checkbox"/> Forklift <input type="checkbox"/> Types		
Many of our assignments require lifting up to 50lbs and standing for long periods of time.		
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Education

School Name	Location	Years Attended	Degree Received	Major

Employment History

Employer (1)	Job Title		Start Date
Work Phone	Reason for Leaving		End Date
Address	City	State	Zip
Employer (2)	Job Title		Start Date
Work Phone	Reason for Leaving		End Date
Address	City	State	Zip
Employer (3)	Job Title		Start Date
Work Phone	Reason for Leaving		End Date
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize any person, organization, or company listed on this application to furnish you any and all information concerning my previous employment and qualifications for employment.

I understand that at any time during my employment with Priority Staffing, Ltd. that I may be asked to provide a blood, urine, hair, or breath sample for the purpose of detecting the presence of a controlled substance, alcohol, or prescription medications taken without a valid medical prescription.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Name (Please Print)	Signature
Date	