

PERSONNEL PLUS, INC.
SHORT-FORM
APPLICATION FOR REGISTRATION
 EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS REGISTRATION FORM:

Personnel Plus, Inc. is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status or any other basis that is prohibited by federal, state or local law. No question in this registration form is intended to secure information to be used for such discrimination. Registration does not imply that the applicant will be employed.

TO REGISTRANT: You must personally complete the form for you to be registered.

Name in full (first, middle, last):				Date:
Present Address:	City:	State:	Zip Code:	Telephone: ()
Are you legally eligible for employment in the US? ___ YES ___ NO	Can you provide a valid Social Security Number? Yes ___ No ___	Have You ever used another name or Social Security number for identification? ___ YES ___ NO If so, please provide details:		
In Case of Emergency, Notify:	Emergency Contact's Telephone:		Your E-Mail:	
What type of drivers license do you have? ___ Operator ___ Commercial Operator Class _____ Any restrictions on license? ___ YES ___ NO If yes, explain:				If no drivers license, check here _____

EMPLOYMENT HISTORY (Only complete this section if you have NOT provided a Résumé):

IMPORTANT! GIVE NAME AND ADDRESS OF LAST THREE (3) EMPLOYERS, BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER:

NAME OF EMPLOYER AND SUPERVISOR:	CITY AND STATE	JOB TITLE	DATE FROM:	DATE TO:	REASON FOR LEAVING:
1)					
2)					
3)					

PERSONAL INQUIRY :

Will you agree to abide by the rules of conduct of this company?..... ___ YES ___ NO
 If injured, will you accept the medical facilities recommended by your employer?..... ___ YES ___ NO
 Have you ever been convicted of a criminal offense other than parking and speeding tickets?..... ___ YES ___ NO
 If yes, complete the following:

DATE:	NATURE OF CONVICTION:	WHERE:	DISPOSITION OF OFFENSE:

Have you ever been convicted of a Traffic Law Violation (do not list Parking Violations)?..... ___ YES ___ NO
 If yes, list offenses and dates:

Note: Information regarding conviction record will not necessarily bar any person from employment but will be reviewed in light of all surrounding circumstances, including age at time of offense, nature and seriousness of violation, rehabilitation, relationship of offense to employment and federal, state and local laws.

 APPLICANT SIGNATURE

 DATE

Please fill out in your own words the following:

What kind of work are you looking for?

What kinds of positions have you held?

What special skills do you have?

Wage Desired: _____ Do you have a CDL Drivers license? Yes___ No___ State___

Full Time ___ Part Time___ Days & Hours Desired:

Applicant/Employee Signature:
