

- PLEASE ANSWER ALL QUESTIONS -

DATE: _____

LAST NAME		FIRST		MI		Why are you seeking temporary employment?				Will you work as a temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in a permanent position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STREET ADDRESS				APT		DATES AVAILABLE FOR WORK		CIRCLE DAYS AVAILABLE			SHIFT AVAILABLE		Will you accept same day arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY		STATE		ZIP		START		UNTIL		S M T W TH F S			Available for long-term assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME PHONE		BUSINESS/OTHER PHONE		E-MAIL ADDRESS		Have you ever worked for a temporary service? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, which one(s)?				
Person to notify in case of emergency.				PHONE		LIST NAMES AND ADDRESSES OF FIRMS YOU WORKED FOR AS A TEMPORARY								
ADDRESS				APT		1.		4.						
CITY				STATE		2.		5.						
						3.		6.						

PREVIOUS EMPLOYERS (PERMANENT)	DATES		NAME OF EMPLOYER	ADDRESS	PHONE NO.	SUPERVISOR	TYPE OF WORK	SALARY	REASON FOR LEAVING
	FROM	TO							

*** CHECK ONLY THE SKILLS IN WHICH YOU HAVE WORK EXPERIENCE ***

CLERICAL SKILLS	OFFICE MACHINES	TYPING	COMPUTER SKILLS - Hardware	WORD PROCESSING HARDWARE	MISCELLANEOUS	TEST RESULTS
Filing: <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric <input type="checkbox"/> Microfilm <input type="checkbox"/> Coding <input type="checkbox"/> Figures <input type="checkbox"/> Collating <input type="checkbox"/> Addressing <input type="checkbox"/> Receptionist <input type="checkbox"/> Mailroom <input type="checkbox"/> Telephone <input type="checkbox"/> Inventory <input type="checkbox"/> Proofreading TRANSCRIPTION <input type="checkbox"/> Tape <input type="checkbox"/> Belt <input type="checkbox"/> Disc <input type="checkbox"/> Switchboard TELEPHONE EQUIPMENT Make/Model _____ _____ _____	<input type="checkbox"/> 10-Key Operation <input type="checkbox"/> Calculator <input type="checkbox"/> Teletype <input type="checkbox"/> Stenotyper <input type="checkbox"/> Telex BOOKKEEPING <input type="checkbox"/> Full Charge <input type="checkbox"/> Assistant <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll <input type="checkbox"/> Bank Reconciliation <input type="checkbox"/> General Ledger <input type="checkbox"/> Trial Balance <input type="checkbox"/> Credit <input type="checkbox"/> Collection SECRETARIAL <input type="checkbox"/> Executive Secretary <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Engineering <input type="checkbox"/> Steno System <input type="checkbox"/> Steno Speed _____ WPM <input type="checkbox"/> Dictaphone	<input type="checkbox"/> Speed Writing <input type="checkbox"/> Bi-Lingual _____ _____ _____ TYPING <input type="checkbox"/> IBM <input type="checkbox"/> CRT Operator <input type="checkbox"/> Electronic <input type="checkbox"/> Memory <input type="checkbox"/> Speed _____ WPM Make/Model _____ MATERIAL <input type="checkbox"/> Correspondence <input type="checkbox"/> Statistical <input type="checkbox"/> Manuscript <input type="checkbox"/> Labels <input type="checkbox"/> Billing <input type="checkbox"/> Technical _____ _____ _____	COMPUTER SKILLS - Hardware <input type="checkbox"/> IBM PC (or compatible) <input type="checkbox"/> Apple <input type="checkbox"/> NCR <input type="checkbox"/> AT&T <input type="checkbox"/> Other (Make/Model): _____ _____ _____ _____ _____ COMPUTER SKILLS - Software <input type="checkbox"/> Windows _____ <input type="checkbox"/> Powerpoint <input type="checkbox"/> Excel <input type="checkbox"/> Access _____ _____ _____ _____	WORD PROCESSING HARDWARE <input type="checkbox"/> Wang <input type="checkbox"/> Decimate <input type="checkbox"/> Lanier <input type="checkbox"/> IBM Display Writer <input type="checkbox"/> Other (Make/Model): _____ _____ _____ _____ _____ WORD PROCESSING SOFTWARE <input type="checkbox"/> Word Perfect <input type="checkbox"/> M/S Word <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> Other: _____ _____ _____ _____ _____	<input type="checkbox"/> Telephone Sales/Survey <input type="checkbox"/> Demonstrator <input type="checkbox"/> Lab Tech <input type="checkbox"/> Cashier <input type="checkbox"/> Bank Teller <input type="checkbox"/> Customer Service <input type="checkbox"/> Personnel <input type="checkbox"/> Librarian <input type="checkbox"/> Insurance <input type="checkbox"/> Model <input type="checkbox"/> Accountant IT/CIS <input type="checkbox"/> Systems Engineer General <input type="checkbox"/> Programmer/Analyst Systems <input type="checkbox"/> Systems Administrator <input type="checkbox"/> Technical Support Systems <input type="checkbox"/> Software Engineer <input type="checkbox"/> System Support Analyst <input type="checkbox"/> Telecommunications Specialist <input type="checkbox"/> DB Analyst/Admin _____ _____ _____	CLERK FILE TYPING LETTER DRAFT STAT TRANS STENO ENGL ARITH 10-KEY BKKPR ASST BKKPR FC

NOTES/COMMENTS (For Office Use Only)				Temp/Perm	Shift	App Source	Location
				Language	Student	Days Avail	Rating
					Car Avail	Mail List	TJTC

AFFIDAVIT

The facts set forth in my application are true and complete. I understand that if I am employed by Midwest Labor Services, Inc. it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I did not give any information requested. If I am employed, I agree to abide by all present and subsequent issued rules of the company.

I acknowledge that the company is a temporary labor service and for that reason is unable to guarantee to keep me actively employed all of the time. I further acknowledge that it is my responsibility to adhere to the following:

- Immediately inform the company of any changes in my address and telephone number;
- Contact the company daily concerning work assignments; and
- Contact the company upon completion of each assignment to obtain additional work

I understand that if I fail to do so, I will have voluntarily resigned.

I also understand that if I turn down a work assignment, I will have voluntarily resigned.

I acknowledge that my employment with the company may be terminated with or without notice, at any time at the option of the company or myself.

I authorize all schools, which I attended, and all previous employers to furnish to the company my records, reason for leaving and all information they may have concerning me, and I hereby release them and the company from all liability for any damages whatsoever arises there from.

A photocopy and/or electronic copy of this affidavit will be as an original thereof, even though said photocopy and/or electronic copy does not contain an original writing of my signature

Signature
Print Name:

Date



CONSENT FOR SUBSTANCE ABUSE SCREENING

I consent to submit to the following types of testing for drugs, alcohol and/or inhalants pursuant to Midwest Labor Services, Inc.'s or its customers' requirements: pre-assignment, initial on-assignment, post-accident, period, random testing or testing based on reasonable cause to believe a person is under the influence of controlled substances during work hours while on assignment.

I authorize Midwest Labor Services, Inc., its customers or any selected hospital, clinic, laboratory or medical review officer/organization to conduct the test(s), analyze the result(s) and furnish each other with result(s) and information about my test result(s).

I agree that Midwest Labor Services, Inc. or its customers may deny me employment, require that I be removed from temporary assignment or discharge me from employment if the results of the drug/alcohol/inhalant test(s) are considered unfavorable by Midwest labor Services, Inc. or the customer. I release Midwest Labor Services, Inc., its customers and any hospital, clinic, laboratory or medical review officer/organization selected to conduct the test(s) or analyze the results from any liability for the above actions.

I agree to notify Midwest Labor Services, Inc., within five (5) days, of any criminal conviction for a drug-related offense occurring during my employment.

I have read this release and consent and understand all of its terms. I sign voluntarily with full knowledge of its significance.

Signature
Print Name:

Date