



Application for Employment Temp-Masters, Inc.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First M.I.

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email address: _____

Type of work for which you wish to be considered:

What source led you to apply with us? Were you referred by anyone?

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.) From : To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		789101112		
College		1234 more		
Business or Trade		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired:

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?
A conviction does not automatically bar you from employment. Yes No

If yes, include details:

If you are an experienced operator of any office machines or equipment, please list:

If you are an experienced operator of any other equipment or machines, please list:

Do you have any other skills you wish to mention?

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

If hired, when would you be available? _____

What are your salary requirements? _____

References

Name: _____

Occupation: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

**For additional references, please attach a separate sheet.*

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____