



EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
Cell Phone	Social Security No.	Date of Birth	
Have you ever worked under another name? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name?			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been terminated or asked to resign? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Emergency Contact Name		Telephone Number ()	

EMPLOYMENT INFORMATION	
Position(s) Applied for	
Date Available	Salary Desired
Type of Employment: Direct Hire <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days/Hours Preferred:
Referred to us by	
Are you registered with another agency? YES <input type="checkbox"/> NO <input type="checkbox"/>	List any company or firm you have applied to in the past 30-days:
Willing to travel? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, how far?	

EDUCATION HISTORY			
High School	Address:		
Dates Attended	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	Final GPA:
College	Address:		
Dates Attended	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	Final GPA:
Law School	Address:		
Dates Attended	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	Final GPA:
Other School	Address:		
Dates Attended	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	Final GPA:

EMPLOYMENT HISTORY

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities:	
Dates Worked (Mo. / Yr.)	Reason for Leaving:
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities:	
Dates Worked (Mo. / Yr.)	Reason for Leaving:
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities:	
Dates Worked (Mo. / Yr.)	Reason for Leaving:
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

SPECIALIZED SKILLS

Typing Speed <div style="text-align: right;">wpm</div>	Language Skills:
Software/Program Skills with Proficiency level:	
Additional Skills /Licenses (Provide State(s) and Date(s) of Bar Admissions if Applicable):	

ACKNOWLEDGEMENT

I authorize any person, school, employer and /or organization named in this application form and or my attached resume to release all information relevant in making a hiring decision. I hereby release all parties from liability for any damages resulting from information furnished as a result of this application for employment.

I acknowledge my understanding that my employment is at-will and the terms of my employment may be changed with or without cause or notice, including but not limited to termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that nothing contained in this application and or expressed during the interview process is intended to create a contract between myself and KJM Staffing Solutions.

I understand that as part of the qualification and selection process KJM Staffing Solutions will conduct a comprehensive investigation pertaining to my credentials, employment history, credit history and criminal history. I hereby authorize the release of all information pertaining to my education, employment and or criminal history and consumer credit report to KJM Staffing Solutions and or their agents. I further authorize KJM Staffing Solutions to disclose such information to any 3rd party at its discretion.

I understand that I may be required to complete alcohol and drug testing prior to and or during the course of my employment with KJM Staffing Solutions. I authorize any and all health care provider and or diagnostic testing facility to disclose drug and alcohol testing results to KJM Staffing Solutions and or its designated agent. I further authorize KJM Staffing Solutions to disclose such information to any 3rd party at its discretion.

I certify that I, the undersigned applicant, have personally completed this application and 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 contained in my application and or disclosed during an interview may result in my release. I hereby acknowledge that I have read the above statements and understand them.

Signature:		Date	
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KJM Staffing Solutions LLC is an Equal Opportunity Employer.