

PLEASE PRINT AND FILL OUT APPLICTION COMPLETELY:

		Date:		
Employee Name:				
	Last	First	M.I.	
Address:				
Street Address				
City		State	Zip	
Social Security Number:	/			
Home Phone:	Cell Phone:	Email:		
Position Applying For:		Secondary Position(s):		
Have you ever filled out an a	pplication with us before?			
Are you currently employed:	?			
May we contact your present	employer?			
Are you currently on "lay of	status" and subject to recall?			
Can you perform the essentia	al functions of the job you are a	applying for?		
Are you willing to travel if the	ne job requires it? If yes	s, circle your availability. 100	% 75% 50% 25%	
Are you willing to relocate?				
Date Available:	Hourly Rate Desired:	Available Full	Time: Yes No	
Are you a citizen of the Unit	ed States? Yes No If n	ot are you authorized to work	in the U.S.? Yes No	
Are you at least 18 years of a	ge: Yes No			
How did you hear about Li	ngo Staffing, Inc:			
Monster: Craigslist:	Newspaper:	Other:		
Client Referral: Compan	y Name:			
Employee Referral: Employe	ee Name:			

CRIMINAL BACKGROUND HISTORY:

Company Name: Address: City: State: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Name and Title of Supervisor: Telephone: May we contact this employer? Position: Company Name: Address: City: State: Final Salary: Position: Reason for leaving: Company Name: Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Final Salary: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: Reason for leaving: Company Name: Address: City: State: Zip: Reason for leaving: Company Name: Address: City: May we contact this employer? Was No If no, why? Position: Company Name: Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Pates of Employment: Final Salary: Position: Dates of Employment: Position: Dates of Employment: Final Salary: Position:	state it happened, and if the conviction	me?Yes No If yes please expl n resulted in incarceration				
Dates of Employment: Final Salary: Position: Duties Performed: Reason for leaving: Company Name: Address: City: Telephone: May we contact this employer? YesNo If no, why? Dates of Employment: Duties Performed: Name and Title of Supervisor: Reason for leaving: Final Salary: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: City: State: Zip: Telephone: May we contact this employer? YesNo If no, why? Telephone: May we contact this employer? YesNo If no, why? Telephone: May we contact this employer? YesNo If no, why? Telephone: No If no, why? Telephone: Telephone						
Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Final Salary: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Final Salary: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: State: Zip: Telephone: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: State: State: Zip: Telephone: Position: Position: Duties Performed:			ated military assignments and volunteer			
Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Final Salary: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: State: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Final Salary: Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: State: Size: Si	Company Name:					
Telephone:	Address:					
Dates of Employment: Final Salary: Position: Duties Performed: Reason for leaving: Reason for leaving: Company Name: Address: Zip: Zip: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Final Salary: Position: Duties Performed: Reason for leaving: City: State: Zip: Telephone: Position: Duties Performed: Reason for leaving: Position: Duties Performed: Reason for leaving: Position: Duties Performed: Position: Duties Performed: Position: Duties Performed: Position: Duties Performed: Position: Position: Duties of Employment: Position: Position: Duties Performed: Position: Duties Perfo	City:	State:	_ Zip:			
Dates of Employment:	_		YesNo If no, why?			
Duties Performed: Name and Title of Supervisor: Company Name: Address: City: State: Telephone: May we contact this employer? Position: Duties Performed: Name and Title of Supervisor: Reason for leaving: Company Name: Reason for leaving: Dates of Employment: Name and Title of Supervisor: Reason for leaving: Company Name: Address: City: State: Zip: Telephone: Name and Title of Supervisor: Reason for leaving: Duties Performed: Final Salary: Position: Duties Performed: Final Salary: Position:			Position:			
Name and Title of Supervisor: Reason for leaving:	Duties Performed:					
Address: City: State: Zip:	Name and Title of Supervisor:	Reason	n for leaving:			
Dates of Employment: Final Salary: Position: Duties Performed: Reason for leaving: Company Name: Address: City: Telephone: May we contact this employer? May we contact this employer? Position: Dates of Employment: Duties Performed: Final Salary: Position: Duties Performed: Position:	Address:City:Telephone:	State: May we contact this employer?	Zip:			
Duties Performed: Name and Title of Supervisor: Company Name: Address: City: Telephone: May we contact this employer? Yes No If no, why? Dates of Employment: Duties Performed:	Dates of Employment:	Final Salary:	Position:			
Address:	Duties Performed:					
Dates of Employment: Final Salary: Position: Duties Performed:	Address:City:	State:	Zip:			
Duties Performed:			Position:			
1 mind and 1100 of Dapot (1001) 1000011 for 10011115,						

	School/Program Name	Location (City, State)	Years Completed	DATE Completed	Diploma/Degree/Certificate Received
High School					
Undergraduate					
College/University					
Graduate/Professional					
Military Training					
Other Training					
Other Training					
Additional Skills:					
REFERENCES: Pleas NAME	e list the names of p COMPANY/R	•	•	al and professi on	onal reference: PHONE
EMERGENCY CONTA NAME	ACT: RELATIONSE	I IP		<u>PHO</u> 1	<u>NE</u>
	s any former employ orizes Lingo Staffing	g, Inc to relea	se relevant info		ou to Lingo Staffing, Inc. you to our clients where you

specifically acknowledges in writing. In the event of unemployment, I understand that false or misleading given in my

application or interview may result in discharge. I understand also that I am required to abide by all rules of the

employer.

Applicant's Signature

Date