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**An Equal Opportunity Employer**

**Application for Employment**

Last Name		First	Initial	Telephone		Other Phone/Email		Date Applied
Other Names used:								
Address			City		State	Zip	Social Security #	
Have you previously worked for Staff One? Y N		If yes, when? Position? Which Company?				I have a current, valid drivers license. No:		
Have you been convicted of a felony in the last 7 years? Y N		If yes, explain:						
Do you have any pending criminal charges, other than minor traffic violations? Y N		If yes, explain:				Are you authorized to work in the United States? Y N		
<b>** Answering "yes" to these questions will not automatically exclude you from any employment opportunities</b>								
Position(s) applied for				Wage desired		Referred by		
Emergency Contact:				Relationship:		Contact Info:		

**Employment History**

List your present or most recent employer first. Include self-employment and part-time work. Do not indicate "see resume."  
 You must complete the application even if you attach your resume.

Current Employer		May we contact? Y N		Address		Phone	
Job Title		Start Date		Starting Salary		Ending Salary	
Major Duties		Reason for Leaving					
		Supervisor's Name/Title/Contact Information					
Employer		Address		Phone			
Job Title		Start Date		Starting Salary		Ending Salary	
Major Duties		Reason for Leaving					
		Supervisor's Name/Title/Contact Information					
Employer		Address		Phone			
Job Title		Start Date		Starting Salary		Ending Salary	
Major Duties		Reason for Leaving					
		Supervisor's Name/Title/Contact Information					
Employer		Address		Phone			
Job Title		Start Date		Starting Salary		Ending Salary	
Major Duties		Reason for Leaving					
		Supervisor's Name/Title/Contact Information					

Interviewer's Initials \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Name of School	Address	Major course of study	Last year completed	Did you graduate?	Type of degree
High School			1 2 3 4	Y N	
Vocational or Technical			1 2 3 4	Y N	
College or University			1 2 3 4	Y N	
Other			1 2 3 4	Y N	

**Skills**

Check the skills and business areas below in which you have experience. Note specific types of models of equipment you have used.

Administrative / Clerical	Medical	Manufacturing / Production	Other Skills
<input type="checkbox"/> General/Reception <input type="checkbox"/> Executive <input type="checkbox"/> Legal <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> General Ledger <input type="checkbox"/> Telemarketing <input type="checkbox"/> Sales <input type="checkbox"/> File Clerk <input type="checkbox"/> Payroll <input type="checkbox"/> Banking <input type="checkbox"/> Customer Service <input type="checkbox"/> Data Entry <input type="checkbox"/> Typing Speed ___wpm <input type="checkbox"/> Data Entry ___kpm	<input type="checkbox"/> Caregiver <input type="checkbox"/> P.C.W. certified <input type="checkbox"/> CBRF certified <input type="checkbox"/> Medication Pass Certified <input type="checkbox"/> C.N.A. <input type="checkbox"/> L.P.N. <input type="checkbox"/> R.N. (BSN) <input type="checkbox"/> R.N. (MSN) <input type="checkbox"/> CPR certified <input type="checkbox"/> Medical Records Clerk <input type="checkbox"/> Medical Billing <input type="checkbox"/> Medical Coding <input type="checkbox"/> Medical Reception <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> General Labor <input type="checkbox"/> CNC Machine Operation <input type="checkbox"/> CNC Machine Setup <input type="checkbox"/> Fabricator <input type="checkbox"/> Manual Machinist <input type="checkbox"/> Plastics Extrusion <input type="checkbox"/> Electronic Assembly <input type="checkbox"/> Mechanical Assembly <input type="checkbox"/> TIG Welding <input type="checkbox"/> MIG Welding <input type="checkbox"/> Printing Press Operation <input type="checkbox"/> Certified Forklift <input type="checkbox"/> CDL <input type="checkbox"/> Schematics <input type="checkbox"/> Calipers/Gauges <input type="checkbox"/> Micrometers <input type="checkbox"/> Read Blueprints <input type="checkbox"/> Other _____	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Internet <input type="checkbox"/> Other software _____ <input type="checkbox"/> Other software _____ <input type="checkbox"/> Valid D.L. # _____ <input type="checkbox"/> Bilingual _____ <input type="checkbox"/> Lift 0-25 lbs <input type="checkbox"/> Lift 25-50 lbs <input type="checkbox"/> Lift 50-75 lbs <input type="checkbox"/> Lift 75-100 lbs <input type="checkbox"/> Stand for 8 hour shift

**References**

List three work-related references other than your immediate supervisor who may be able to evaluate your experience and capabilities.

Name	Address	Relationship
Occupation	Contact Info	Years Known
Name	Address	Relationship
Occupation	Contact Info	Years Known
Name	Address	Relationship
Occupation	Contact Info	Years Known

**PLEASE READ BEFORE SIGNING**

By signing below, I am declaring that the statements and representations I have made on this application are true and correct and without substantial omission. I understand that any false or misleading information that I have given may cause this application to be voided, or if I am employed, could be cause for termination.

I also understand that as a part of Staff One's hiring process, my background and/or driving record may be checked. I authorize Staff One to make any inquiries into my background including the information listed on this application and information relevant to the position I am applying for. I understand that any offer of employment that is extended to me will be contingent on a successful background check. I also understand that I may be required to submit to a drug screen prior to employment and that any offer of employment extended to me will be contingent on the results of that screen being negative.

As part of this application, I understand that I may not apply directly or accept employment with any company/organization that Staff One refers me to for a period of 90 days from the date of this application.

I hereby release all persons or entities listed on my application from all liability for damages for giving such information to Staff One. This release also extends to persons or entities that have information that is relevant to the position I am applying for. I also release Staff One from any liability for sharing such information with its subsidiaries if relevant to my position with Staff One.

This application will remain current for 60 days. After that time, if I have not been hired by Staff One, I understand that I will be required to complete a new application if I still wish to be considered for employment.

Signature of Applicant	Date
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