

POSITION DESIRED

HOW DID YOU HEAR ABOUT US? YELLOW PAGE SIGN RECRUITED INTERNET OTHER AVAILABLE FOR TEMP YES NO DATE _____

NAME (Please print carefully - use ink) ADDRESS CITY STREET ZIP RES. PHONE / BUS. OR MESSAGE PHONE EMAIL ADDRESS:

SOCIAL SECURITY # YEARS IN UNIVERSITY OR BUSINESS COLLEGE (Give Name and Location) MAJOR MINOR DEGREES OTHER LANGUAGES SPOKEN

SALARY PRESENTLY RECEIVING LEAST ACCEPTABLE SALARY LOCATION PREFERRED DRIVERS LICENSE # HAVE YOU AN AUTOMOBILE? CAR LICENSE #

GIVE NAMES AND ADDRESSES OF ANY INDIVIDUAL TO WHOM WE MAY WRITE OR PHONE (in Confidence) FOR REFERENCE CONTACT IN CASE OF EMERGENCY PHONE # RELATIONSHIP

Permission To Check References:

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No Signature _____

CHECK YOUR ACTUAL SKILLS (✓)

- Certified Public Accountant
- Controller
- Accountant, Sr.
- Accountant, Jr.
- Cost Account
- Tax Account
- Bookkeeper, Full Charge
- Bookkeeper, Assistant
- Credit Clerk
- Payroll Clerk
- AP
- AR
- Cost Clerk
- Collector
- Good at Figures
- Adding Machine
- Shorthand Speed
- Speedwriting
- Typing Speed Elect
- Typist - Biller
- Typist - Statistical
- Dictaphone/Ediphone
- Order Desk
- General Office
- Customer Service
- Data Entry
- Computer and/or Word Processing Programs Used
- MS WORD _____
- MS EXCEL _____

GIVE COMPLETE RECORD OF EXPERIENCE - STARTING WITH LAST POSITION

MONTH AND YEAR	FIRM NAME AND ADDRESS	TYPE OF BUSINESS	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	POSITION HELD OR TYPE OF WORK YOU DID	SALARIES YOU RECEIVED	REASON FOR LEAVING
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						
FROM					FROM \$ TO \$	
TO					FROM \$ TO \$	
PHONE #						

Have you listed with other agencies? Yes No

Please list Agencies 1. _____ 2. _____ 3. _____ 4. _____

Have you been on other interviews Yes No

Where (List Companies): 1. _____ 2. _____ 3. _____ 4. _____

Where are you pending? 1. _____ 2. _____ 3. _____ 4. _____

References checked Yes No Date _____ By _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Sent To: _____ Attn: _____ Time _____ Date: _____ 20 _____

Feedback: _____

Phone _____ Pending Hired

J.O. # _____ Position: _____ Solicited By: _____

Temporary Employer	Phone #	J.O. #	Start Date	Position	JO/Fill	Pay Rate/ Bill Rate	End Date
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

BILLING INFORMATION - PLEASE PRINT

Employer: _____

Employer Address: _____

City: _____ Zip _____

Attn: _____ Phone: _____

Sal.: _____ Fee: _____ Start Date: _____

J.O. #: _____

SOL: _____

Filled: _____