



Quick Temps, Inc.

Temporary and Permanent
Placements

Date _____

INDUSTRIAL EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY

Computer _____

Resume _____

Social Security Number _____

LAST NAME	MIDDLE	FIRST	Will you accept same day assignments? () Yes () No	Will you work temporary jobs? () Yes () No	Will you work a permanent job? () Yes () No
STREET ADDRESS			Have you worked for a temporary agency before? () Yes () No	Valid Drivers Lic.? () Yes () No Mode of Transportation _____	List any legal restrictions:
CITY		STATE	ZIP CODE	Have you ever been convicted of a felony? () Yes () No	
HOME PHONE		CELL PHONE		LIST TYPES OF WORK YOU CAN DO THAT ARE NOT LISTED BELOW 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
Message Phone		Emergency Phone			
Dates available for work Start End	Circle days available M T W T F S S	Shift available Days Swings Graves Other _____			

CHECK ONLY THE SKILLS IN WHICH YOU HAVE WORK EXPERIENCE

<p style="text-align:center;">ASSEMBLY</p> <input type="checkbox"/> Electrical <input type="checkbox"/> Machinery <input type="checkbox"/> Mechanical <input type="checkbox"/> P.C. Board/Electronic <input type="checkbox"/> Wire Harness <p style="text-align:center;">CONSTRUCTION</p> <input type="checkbox"/> Carpentry <input type="checkbox"/> Framing <input type="checkbox"/> Finish Trim <input type="checkbox"/> Electrician <input type="checkbox"/> Concrete <input type="checkbox"/> Finishing <input type="checkbox"/> Foundation <input type="checkbox"/> Stem Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Finish <input type="checkbox"/> Taping <input type="checkbox"/> Heat/Ventilation/AC <input type="checkbox"/> Certified HV/AC <input type="checkbox"/> Residential Painting <input type="checkbox"/> Commercial Painting <input type="checkbox"/> Pipe Layer <input type="checkbox"/> Plumbing <input type="checkbox"/> Landscaping <input type="checkbox"/> Jackhammer <input type="checkbox"/> Tamper <input type="checkbox"/> Flooring-Wood	<p style="text-align:center;">MACHINE OPERATIONS</p> <input type="checkbox"/> Automotive Painting <input type="checkbox"/> CNC Operator <input type="checkbox"/> Extrusion <input type="checkbox"/> Foam <input type="checkbox"/> Injection Molding <input type="checkbox"/> Lathes <input type="checkbox"/> Machine Maintenance <input type="checkbox"/> Machine Repair <input type="checkbox"/> Milling <input type="checkbox"/> Polishing <input type="checkbox"/> Punch Press <input type="checkbox"/> Tool Crib <p style="text-align:center;">RESTAURANT</p> <input type="checkbox"/> Bar Tend <input type="checkbox"/> Bussing <input type="checkbox"/> Cook <input type="checkbox"/> Dishwasher <input type="checkbox"/> Food Handling <input type="checkbox"/> Packing <input type="checkbox"/> Prep Cook <input type="checkbox"/> Wait Staff <p style="text-align:center;">TEXTILE</p> <input type="checkbox"/> Cutting <input type="checkbox"/> Industrial Sewing <input type="checkbox"/> Punching	<p style="text-align:center;">WAREHOUSE</p> <input type="checkbox"/> Inventory <input type="checkbox"/> Manual Hand Truck <input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Order Picker <input type="checkbox"/> Pow/Lift Truck <input type="checkbox"/> Fork Lift <p style="text-align:center;">SKILLED TRADES</p> <input type="checkbox"/> Auto CAD, Programs: _____ <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Blueprint Reading <input type="checkbox"/> Cutter Grinding <input type="checkbox"/> Engineering Type _____ <input type="checkbox"/> Geologist <input type="checkbox"/> Glazier <input type="checkbox"/> Machinist <input type="checkbox"/> Manual Drafter <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Welder <input type="checkbox"/> Janitor/Housekeeping <input type="checkbox"/> Oil Field <input type="checkbox"/> Flagging Certified: yes () no () <input type="checkbox"/> Roofing <p style="text-align:center;">FOREIGN LANGUAGE(S)</p> _____	<p style="text-align:center;">PRINTING</p> <input type="checkbox"/> Laminating <input type="checkbox"/> Layout & Design <input type="checkbox"/> Pressman <input type="checkbox"/> Silkscreen <p style="text-align:center;">TRUCK DRIVERS</p> <input type="checkbox"/> Commercial Drivers License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Up to date DOT List Endorsements _____ _____ <p style="text-align:center;">HEAVY EQUIPMENT</p> <input type="checkbox"/> Bob Cat/Skidster <input type="checkbox"/> Backhoe Other _____ List all Licenses and/or Certifications _____ _____ <p style="text-align:center;">DO YOU HAVE?</p> <input type="checkbox"/> Hardhat <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Mechanic Tools <input type="checkbox"/> Concrete Finishing Tools <input type="checkbox"/> Carpentry Finishing Tools <input type="checkbox"/> Drywall Finishing Tools
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EDUCATION				HOW WERE YOU REFERRED?		Indicate Type of Work		Would You Work	
Circle Highest Grade Comp.	Last School Attended	Degree or Major	Graduated	Newspaper	Yellow Pages	You are Willing To Do		in a Smoking	
High School 1 2 3 4				Friend _____		Heavy	Medium	Light	Environment?
				Other _____		(See descriptions below)		Yes	No

Dates	Name of Employer	Address	Phone No.	Supervisor	Type of Work	Salary	Reason for Leaving
Previous	_____						
Employers	_____						
(Permanent)	_____						

APPLICANT PLEASE READ AUTHORIZATION

I authorize you and all former employers, given by me as references, to answer all questions and to give all information in connection with this application or in any way concerning me. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. My employment may be terminated by you at any time without liability to me except for wages as have been earned by me as of the date of such termination. I understand that if accepted for employment, I will be working for you on your payroll, at your clients' premises. I understand that any information I learn while working for a client is to be kept confidential. It is agreed that I will obtain your permission before discussing permanent employment with your client. I agree to immediately notify you at the conclusion of each assignment or as soon as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, and am not ready, willing and able to work. I state that the information provided you on this application is true and complete. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application.

X _____
 Applicant's Signature Date

(VOLUNTARY): CHECK ONLY AS RELATED TO PHYSICAL ABILITIES

<input type="checkbox"/> Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met. <input type="checkbox"/> Light Work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls. <input type="checkbox"/> Light Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds. <input type="checkbox"/> Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. <input type="checkbox"/> Light Heavy Work. Lifting 75 pound maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds. <input type="checkbox"/> Heavy Work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.	1. In an 8 hour day applicant may: A. Stand/Walk <input type="checkbox"/> Non <input type="checkbox"/> 4-6 Hours <input type="checkbox"/> 1-4 Hours <input type="checkbox"/> 6-8 Hours B. Sit <input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 5-8 Hours C. Drive <input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 5-8 Hours 2. Applicant may use Hand(s) for repetitive: <input type="checkbox"/> Single Grasping <input type="checkbox"/> Pushing & Pulling <input type="checkbox"/> Fine Manipulation 3. Applicant may use foot/feet for repetitive movement as in operating foot controls: <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Applicant may: Not At All Occasionally Frequently a. Bend <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Twist <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. Squat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. Climb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. Reach <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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FOR OFFICE USE ONLY

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App.						Flex.						Att.										I-9	I-D
Comm.						Sp.						Exp.						Interviewer_____	Spelling	Comp.		W-4	SS