

# ADMINISTRATIVE / CLERICAL APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Transportation available:  Car  Bus  Bike  Ride

Divers License:  Yes  No

Days available to work:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Date you can start: \_\_\_\_\_ Shifts available to work:  Days  Swing  Graveyard Hours available: \_\_\_\_\_

Jobs you are seeking: 1. \_\_\_\_\_ Experienced Y / N 2. \_\_\_\_\_ Experienced Y / N

Have you ever worked for Emerald Employment?  YES  NO Date(s): \_\_\_\_\_

If yes, reason for leaving? \_\_\_\_\_

Have you worked for a temporary service before?  YES  No

If yes, what services? 1. \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ Dates: \_\_\_\_\_

To which companies did the service(s) send you? 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Have you been convicted of a felony in the last five years?  YES  NO

If yes, what was the conviction for? \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## EDUCATION

Name of High School: \_\_\_\_\_ State of School: \_\_\_\_\_ Did You Graduate? Y / N  
Year You Graduated: \_\_\_\_\_

Name of College / University: \_\_\_\_\_ State of School: \_\_\_\_\_ Did You Graduate? Y / N  
Major Studies: \_\_\_\_\_ Year You Graduated: \_\_\_\_\_

### AREAS OF EXPERIENCE

**Check Qualifications ONLY if you have experience doing the described task and are seeking work related to the task.**

BOOKEEPING	SECRETARIAL	CLERICAL	COMPUTERS / SOFTWARE
<input type="checkbox"/> Accts. Payable	<input type="checkbox"/> Engineering	<input type="checkbox"/> Executive	<input type="checkbox"/> Typewriter
<input type="checkbox"/> Accts. Receiv.	<input type="checkbox"/> Legal	<input type="checkbox"/> Coding	<input type="checkbox"/> Apple/Mac
<input type="checkbox"/> Assistant	<input type="checkbox"/> Steno	<input type="checkbox"/> Multi line phones	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Bank Reconc.	<input type="checkbox"/> Long Hand	<input type="checkbox"/> Collating	<input type="checkbox"/> Lan/Novell
<input type="checkbox"/> Collections	<input type="checkbox"/> Insurance	<input type="checkbox"/> number of lines	<input type="checkbox"/> Internet
<input type="checkbox"/> Credit	<input type="checkbox"/> Personnel	<input type="checkbox"/> Figures	<input type="checkbox"/> Lotus 1-2-3
<input type="checkbox"/> Full Chg.		<input type="checkbox"/> Filing	<input type="checkbox"/> Desktop Pub.
<input type="checkbox"/> Gen. Ledg.	<i>TRANSCRIPTION</i>	<input type="checkbox"/> Inventory	<input type="checkbox"/> QuickBooks
<input type="checkbox"/> Payroll	<input type="checkbox"/> Typing (WPM)	<input type="checkbox"/> Mailroom	<input type="checkbox"/> Quattro Pro
<input type="checkbox"/> Trial Bal.	<input type="checkbox"/> Billing	<input type="checkbox"/> Microfilm	<input type="checkbox"/> MS Access
<input type="checkbox"/> Bank Teller	<input type="checkbox"/> Statistic	<input type="checkbox"/> Proofread	<input type="checkbox"/> MS Word
<input type="checkbox"/> Cashier		<input type="checkbox"/> Telephone:	<input type="checkbox"/> MS Excel
<input type="checkbox"/> Other	<i>FOREIGN LANGUAGE?</i> _____	<input type="checkbox"/> Sales	<input type="checkbox"/> MS Windows
		<input type="checkbox"/> Survey	<input type="checkbox"/> MS Works
		<input type="checkbox"/> Addressing	<input type="checkbox"/> MS Publisher
		<input type="checkbox"/> Librarian	<input type="checkbox"/> WordPerfect

### PRE-EMPLOYMENT QUESTIONS

- 1) In what clerical field do you hold your most experience? How many years have you done that type of work?
- 2) What type of office environment would you prefer to work in? (Professional, Semi-Professional, or Casual)
- 3) Do you feel that you are a reliable and dependable employee? Explain why?
- 4) Do you consider yourself to be a multi-task person? Explain why?
- 5) Do you own a reliable vehicle? YES or NO
- 6) If you have been convicted of a felony, what type of parole/probation stipulations do you have? (ex. Can't work out of town, have to check-in during work).

### IT IS IMPORTANT THAT YOU READ AND SIGN THIS SECTION

I agree that the information on this application is correct and complete to the best of my knowledge and I understand that it shall be grounds for termination if any of the information contained herein found to be untrue. I authorize you and all former employers, given by me as references, to answer questions and to give all information in connection with this application or in any way concerning me and understand that if accepted for employment, I will be working for you on your payroll, at your client's premises. I agree 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 also not ready, willing and able to work. I understand that any information I learn while working for your client is to be kept confidential. I agree to take a drug and alcohol test if I have a workers' compensation injury while I am your employee. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon request I shall submit to examinations by physicians of your selection. I will hold you harmless from any claims including, but not limited to, personal illness or injury as a result of providing false or misleading information on the application, or any succeeding paperwork. I herein acknowledge that my employment is "AT WILL" that may resign at anytime and the company may terminate my employment at anytime, with or without cause.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

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