

Specialty Personnel Services, Inc.
1122 S Oak Ave
Owatonna, MN 55060 Phone 451-5773 Fax 451-5828

APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

Name	Social Security Number
Mailing Address	
Phone	Are you 18 or older?
Referred by	Valid Drivers License Yes No

EMPLOYMENT

Clerical	Construction	Retail	Industrial	Position Desired
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Special Skills

How many pounds would you be comfortable lifting for long periods of time?

Salary Desired	Shifts Desired
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Days you can work **M** **T** **W** **TH** **F** **S** **SU** **ALL**

Hours per week	Can you work overtime?	Can you work on short notice?
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EDUCATION	Name and Location	Number of Years attended ?	Did you Graduate?	Degree earned or subjects studied
High School			Yes No	GED?
College				
Trade, Business or Correspondence School				

Other special licenses or certificates _____.

Please fill in for the three (3) most recent employers

Name of Company _____ Beginning Date _____

Address _____ End Date _____

_____ Starting Salary _____

Phone _____ Ending Salary _____

Job duties or description _____

Reason for leaving _____

Name of Company _____ Beginning Date _____

Address _____ End Date _____

_____ Starting Salary _____

Phone _____ Ending Salary _____

Job duties or description _____

Reason for leaving _____

Name of Company _____ Beginning Date _____

Address _____ End Date _____

_____ Starting Salary _____

Phone _____ Ending Salary _____

Job duties or description _____

Reason for leaving _____

In case of emergency notify: Name

Address

Phone

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REFECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULEDS AND REGULATION, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE NAD WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY.

DATE _____

SIGNATURE _____