



FEDERAL STAFFING SOLUTIONS

Employment Application

ANSWER ALL QUESTIONS COMPLETELY

Last Name		First Name	Middle	Today's Date
Street Address			Contact Information	
			Home	Business
			()	()
City, State, Zip Code		County	Social Security #	
How long at this address		E-Mail Address		
Position Desired	Date Available	Salary Requirement	Are you 18 years of age or over?	
			[] Yes [] No	
[] Full-Time [] Part-Time [] Temporary		Would you object to shift work?		
		[] Yes [] No		
Do you have your own transportation		Are you eligible to work in the United States?		
[] Yes [] No		[] Yes [] No		
How were you referred to our company?		Original Documents will be required after a job offer is accepted, as noted on Form I-9 issued by the Department of Homeland Security. Are you able to provide such documentation within three days of employment?		
[] Advertisement [] School [] Other		[] Yes [] No		
Have you ever worked under another name? If so, please provide names, dates and location used:				
Have you ever pleaded guilty or been convicted of a criminal offense [] Yes [] No				
If yes, give date, circumstances, and disposition.				

MILITARY HISTORY

Dates		Service or Branch	Type of Work	Honorable Discharge	
From	To			Yes	No*
				Yes	No*
				Yes	No*
*If no, please explain:					
Have you held or do you currently hold any type of Security Clearance: [] Yes [] No					
[] Secret [] Top-Secret [] SCI					

WORK HISTORY
PLEASE COMPLETE IN YOUR OWN HANDWRITING

Incomplete applications will not be accepted. Provide employment data for the last 7 years or last 3 employers, whichever is greater. Explain all periods of unemployment. Use additional sheet of paper if necessary.

May we contact your present employer at this time? [] Yes [] No (References will be required before employment)

If no, please explain: _____

(List name under which employed, if different) _____

Previous employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone () _____

Position Held _____ Dates: From _____ to _____

Description of Duties _____

Reason for leaving _____

(List name under which employed, if different) _____

Previous employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone () _____

Position Held _____ Dates: From _____ to _____

Description of Duties _____

Reason for leaving _____

(List name under which employed, if different) _____

Previous employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone () _____

Position Held _____ Dates: From _____ to _____

Description of Duties _____

Reason for leaving _____

(List name under which employed, if different) _____

Previous employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone () _____

Position Held _____ Dates: From _____ to _____

Description of Duties _____

Reason for leaving _____

EDUCATION

School	Name & Location	Course of Study	No. of Years Completed	Did You Graduate?	Degree	Major
Graduate				[] Yes [] No		
College				[] Yes [] No		
Trade/Technical				[] Yes [] No		
High School				[] Yes [] No		
Special Training				[] Yes [] No		

Are you presently in school? Yes No *If yes, expected completion date:* _____

List relevant coursework: _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying.

List awards, honorary positions or volunteer work relative to your ability to perform functions of the position for which you are applying.

PERSONAL REFERENCES

Please list three (3) persons who are not related to you who can provide professional references.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP/OCCUPATION	YEARS KNOWN

Business / Office Skills					
<input type="checkbox"/> Typing	WPM	_____	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Personnel/HR
<input type="checkbox"/> Shorthand	WPM	_____	<input type="checkbox"/> MS Word	<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Insurance
<input type="checkbox"/> Word Processor			<input type="checkbox"/> MS Power Point	<input type="checkbox"/> AP	<input type="checkbox"/> Marketing
<input type="checkbox"/> Ten Key			<input type="checkbox"/> MS Excel	<input type="checkbox"/> AR	<input type="checkbox"/> Mortgage
<input type="checkbox"/> Medical Transcriptions	<input type="checkbox"/> Tape	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> MS Access	<input type="checkbox"/> GL	<input type="checkbox"/> Document Design
<input type="checkbox"/> Medical Terminology			<input type="checkbox"/> Outlook	<input type="checkbox"/> Bank Teller	<input type="checkbox"/> Project Mgmt
Languages:			<input type="checkbox"/> CHCS Software	<input type="checkbox"/> Payroll	<input type="checkbox"/> Internet Research
	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Alta Software	<input type="checkbox"/> Electronic Mail	<input type="checkbox"/> Document Design
	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> MS Windows	
	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Peachtree	<input type="checkbox"/> Security	
Other Relevant Information:					

◆PLEASE READ CAREFULLY BEFORE SIGNING◆

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Federal Staffing Solutions, hereinafter referred to as "FSS" that such employment with FSS is at will, for no specified duration and may be terminated by either FSS or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of FSS or its representatives used during the employment process is not deemed a contract of employment real or implied. I understand that no representative of FSS except the Owners have the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Owners of FSS.

In consideration for employment with FSS, if employed, I agree to conform to the rules, regulations, policies and procedures of FSS at all times and understand that such obedience is a condition of employment. I understand that due to the nature of FSS business, attendance and punctuality are considered essential requirements of every job at FSS and that poor attendance or tardiness will result in administrative and corrective action.

I understand that if offered a position with FSS, I will be required to submit to a pre-employment drug screening and background check as a condition of employment AT ANY TIME. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FSS and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and telephone number of person completing this form if other than applicant: _____

FSS IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.