

NAME:						**THIS BOX IS FOR OFFICE USE ONLY**DO NOT FILL OUT SHADED AREA**									
TO BE COMPLETED BY COUNSELOR			COUNSELOR:			LOG #:			DATE:			REFERENCE. CK. <input type="checkbox"/>		SEE BACK <input type="checkbox"/>	
RA:	RS:	Filing _____ /25										POSITIONS: _____ _____ NOTICE REQ: _____ T - P <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> BENEFITS: YES <input type="checkbox"/> NO <input type="checkbox"/> LEAST SALARY: _____			
		Spelling _____ /5													
A	A	Grammar _____ /5													
B	B	Math _____ /5													
C	C	Typing: _____ /wpm													
		Data: _____													
		10Key: _____													

APPLICATION

PERSONNEL PLUS EMPLOYMENT AGENCY

LAST NAME:		FIRST:	MI:	HOME PHONE:	CELL. PHONE:	SS#:	DATE:	PR
MAILING ADDRESS			CITY:	ST:	ZIP:	EMAIL ADDRESS		
RESIDENCE ADDRESS			CITY:	ST:	ZIP:	18 YEARS OR OLDER? yes <input type="checkbox"/> no <input type="checkbox"/>	HOW DID YOU HEAR ABOUT US?	
TYPE OF TRANSPORTATION OWN <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY:					AVAILABILITY: MONDAY THROUGH FRIDAY <input type="checkbox"/> WEEKENDS <input type="checkbox"/> EVENINGS <input type="checkbox"/>			

CHECK THE AREAS BELOW IN WHICH YOU HAVE EXPERIENCE

GENERAL OFFICE	TYPING	SECRETARIAL	ACCOUNTING	MARKETING	MEDICAL	COMPUTER SOFTWARE
<input type="checkbox"/> Receptionist	<input type="checkbox"/> General	<input type="checkbox"/> General	<input type="checkbox"/> Payroll	<input type="checkbox"/> Sales, inside	<input type="checkbox"/> Med Office Admin.	<input type="checkbox"/> Word
<input type="checkbox"/> Switchboard	wpm _____	<input type="checkbox"/> Executive	<input type="checkbox"/> Collections	<input type="checkbox"/> Sales, outside	<input type="checkbox"/> Med Reception/Sec	<input type="checkbox"/> Excel
<input type="checkbox"/> Filing	<input type="checkbox"/> Data entry	<input type="checkbox"/> Legal	<input type="checkbox"/> Payables	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> Access
<input type="checkbox"/> Fax	<input type="checkbox"/> Transcription	<input type="checkbox"/> Medical	<input type="checkbox"/> Receivables	<input type="checkbox"/> Customer Svc.	<input type="checkbox"/> HBOC/Star patient registration	<input type="checkbox"/> Powerpoint
<input type="checkbox"/> Phones	<input type="checkbox"/> Statistical	<input type="checkbox"/> Shorthand	<input type="checkbox"/> FC Bookkeeper		<input type="checkbox"/> Med Insurance Billing	<input type="checkbox"/> Word Perfect
# of lines _____			<input type="checkbox"/> 10 key v_____ t_____		<input type="checkbox"/> LPN <input type="checkbox"/> RN	<input type="checkbox"/> Quickbooks
					<input type="checkbox"/> Med Transcription	Other: _____
					<input type="checkbox"/> MedPro/ Med mgr9	_____
					<input type="checkbox"/> FoxMed	_____
					<input type="checkbox"/> CPT / ICD 9 codes	_____
					<input type="checkbox"/> EMT / Paramedic	_____
					<input type="checkbox"/> CNA <input type="checkbox"/> CMA	_____

EDUCATION	HIGHSCHOOL Diploma <input type="checkbox"/> GED <input type="checkbox"/>	SECONDARY ED Major course of study:	Dates attended:	Degrees received:
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WORK HISTORY (list current or most recent first) The Department of Labor requires that this section be completed even if you have a resume.

COMPANY NAME:		TYPE OF BUSINESS:		PHONE:
SUPERVISOR NAME:		MAY WE CONTACT? yes <input type="checkbox"/> no <input type="checkbox"/>	JOB DESCRIPTION	
PAY RATE:	DATES OF EMPLOYMENT from: to:		REASON FOR LEAVING:	
COMPANY NAME:		TYPE OF BUSINESS:		PHONE:
SUPERVISOR NAME:		MAY WE CONTACT? yes <input type="checkbox"/> no <input type="checkbox"/>	JOB DESCRIPTION	
PAY RATE:	DATES OF EMPLOYMENT from: to:		REASON FOR LEAVING:	
COMPANY NAME:		TYPE OF BUSINESS:		PHONE:
SUPERVISOR NAME:		MAY WE CONTACT? yes <input type="checkbox"/> no <input type="checkbox"/>	JOB DESCRIPTION	
PAY RATE:	DATES OF EMPLOYMENT from: to:		REASON FOR LEAVING:	

APPLICATION

PERSONNEL PLUS EMPLOYMENT AGENCY

IT IS A FEDERAL OFFENSE TO LIE ON A JOB APPLICATION

<p>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (Misdemeanor, Felony, DWI, etc.)? yes <input type="checkbox"/> no <input type="checkbox"/> year/explanation:</p> <p>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST? yes <input type="checkbox"/> no <input type="checkbox"/> year/explanation:</p> <p>IN THE EVENT THAT YOU ARE HIRED SOME CLIENTS OF PERSONNEL PLUS' USE FBI FINGERPRINTS TO CHECK CRIMINAL RECORDS.</p>	<p>CURRENT ALASKA DRIVER'S LICENSE? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>CURRENT DRIVER'S LICENSE FROM ANOTHER STATE? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>ARE YOU WILLING TO PROVIDE A CURRENT DRIVING RECORD? yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>NOTIFY IN CASE OF AN EMERGENCY?</p> <p>NAME:</p> <p>NUMBER:</p>
<p>U.S. CITIZEN OR LEGAL RIGHT TO WORK? yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>WOULD YOU BE WILLING TO TAKE A DRUG TEST? yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>HOW LONG HAVE YOU LIVED IN ALASKA?</p>

By signing this application, I employ Personnel Plus to assist me in securing employment, I attest that the above information is true and correct, and I authorize Personnel Plus to check my references and criminal background.

Signature of Applicant _____ Date _____

The following questions are asked to assist us in the placement process:

1. Describe your ideal Job Title and Industry

2. Other than salary, what is the most important aspect of accepting a position?

3. What is your expected 1st year compensation and bonus?

4. Other benefits (i.e. Medical, Retirement, 401k, etc.)

5. Name 3 companies and/or industries you would like to work for
 1. _____
 2. _____
 3. _____
6. Other employers/recruiters you currently have your application on file with
 1. _____
 2. _____
 3. _____