



# Shoman Staffing Services

First Name	M.I.	Last Name	Today's Date _____/_____/_____
			Home Phone # _____
			Mobile Phone # _____

Address \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

### Recruiting Source Detail

Ad \_\_\_\_\_ Specify Internet \_\_\_\_\_ Specify Referral \_\_\_\_\_ Specify Name

State Employment Office \_\_\_\_\_ Job Fair \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Walk-In \_\_\_\_\_

Have you ever been convicted or plead guilty to any other crime other than a minor traffic violation? - Circle one  
Yes No (If yes please explain)

For Employer Use Only: DT? \_\_\_\_\_ BG? \_\_\_\_\_ Valid DL? \_\_\_\_\_ State: \_\_\_\_\_ Valid Insurance? \_\_\_\_\_

### AVAILABILITY - Check all shifts that you are available to work

	1st Shift	2nd Shift	3rd shift	
Monday				First Date Available: _____
Tuesday				
Wednesday				Salary Desired: _____
Thursday				
Friday				Hours: Full-time or Part-time Overtime ok?: ___Yes ___No
Saturday				
Sunday				Travel Distance: _____

### Service Area - Please circle all that apply

Accounting Industrial Marketing Medical Technical Office/Clerical Professional Sales Other

### Placement Information - Please circle all that apply

Direct Hire Temp-to-Hire Temporary Temporary Only/No Direct Hire

Transportation (Circle): Car Always available Busline Carpool Taxi Other Ride

Notice Required (Circle): Same Day 1 Day More than 1 day

Assignment Duration (Circle): Long or short term Long Term Short Term

### Highest Education Level

Institution Name \_\_\_\_\_ City/St. \_\_\_\_\_

Institution Type: \_\_\_High School \_\_\_Technical or Trade School \_\_\_Community College \_\_\_University

Degree Type \_\_\_\_\_

Major Study \_\_\_\_\_

Additional Certificates and Completed Programs: \_\_\_\_\_

Please rank in order of importance: Security \_\_\_ Advancement \_\_\_ Money \_\_\_ Benefits \_\_\_ Challenge \_\_\_ Location \_\_\_

**Present and Past Employers (Please list most recent first)**

Company Name _____	Salary \$ _____
City _____ State _____	Start Date _____
Telephone _____	End Date _____
Job Title _____	
Job Description _____	
Supervisor Name/Title _____ Why Leave? _____	

Company Name _____	Salary \$ _____
City _____ State _____	Start Date _____
Telephone _____	End Date _____
Job Title _____	
Job Description _____	
Supervisor Name/Title _____ Why Leave? _____	

Company Name _____	Salary \$ _____
City _____ State _____	Start Date _____
Telephone _____	End Date _____
Job Title _____	
Job Description _____	
Supervisor Name/Title _____ Why Leave? _____	

- I hereby affirm that the information I have provided on this form is true and complete. I understand that providing false, incomplete or misleading information to the company will result in the cancellation of this form and dismissal from or refusal of employment.
- I understand that if I am employed by Shoman Staffing, such employment will be on an "employee at will" basis, which means that I am employed by Shoman Staffing and we both are free to terminate my employment at any time, with or without prior notice, except as may be required by law.
- I consent to submit to testing for the detection of illegally used drugs or controlled substances.
- If offered a job, and if requested by Shoman Staffing, I will submit to a physical examination.
- I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
- I understand that you may obtain information about my character, reputation, personal characteristics, criminal history and financial responsibility in order to evaluate me as a prospective employee. Some clients may, as a condition to using Shoman Staffing, require additional information relevant to a particular job or assignment and may request copies of certain information obtained.
- I hereby authorize you to make inquiries of my previous employers, educational institutions, personal acquaintances and references about these matters through personal interviews or other means if required by a Shoman client to provide such information to them. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided
- I agree to resolve any dispute, claim or controversy that may arise between me and Shoman Services regarding failure to be hired or termination from employment exclusively in accordance with the Shoman Dispute Resolution Policy, including mediation and binding arbitration of all such disputes.
- I represent and warrant that I have fully read and completely understand the foregoing and seek employment under the conditions specified.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Social Security Number \_\_\_\_\_ D.O.B. \_\_\_\_\_



# Clerical/Light Industrial

Please check all areas in which you have prior experience and feel confident.

Exp. **Accounting**  
 \_\_\_\_\_ A/P Clerk  
 \_\_\_\_\_ A/R Clerk  
 \_\_\_\_\_ Accountant  
 \_\_\_\_\_ Accounting Clerk  
 \_\_\_\_\_ Billing Clerk  
 \_\_\_\_\_ Bookkeeper  
 \_\_\_\_\_ Payroll  
 \_\_\_\_\_ Reconciliations

**Clerical Misc.**  
 \_\_\_\_\_ Apartment Leasing Agent  
 \_\_\_\_\_ Collector  
 \_\_\_\_\_ Computer Literate  
 \_\_\_\_\_ Credit Manager  
 \_\_\_\_\_ Customer Service Rep.  
 \_\_\_\_\_ Proofreader  
 \_\_\_\_\_ Telemarketer  
 \_\_\_\_\_ Teller (bank)

**Data Entry/Filing**  
 \_\_\_\_\_ D/E Alphabetical  
 \_\_\_\_\_ D/E Numerical  
 \_\_\_\_\_ Alphabetical Filing  
 \_\_\_\_\_ Numerical Filing

**Driver**  
 \_\_\_\_\_ Delivery Driver  
 \_\_\_\_\_ CDL B  
 \_\_\_\_\_ CDL A  
 \_\_\_\_\_ Valid DOT card

**Food Service**  
 \_\_\_\_\_ Alcohol Certified  
 \_\_\_\_\_ Asst. Manager  
 \_\_\_\_\_ Banquet Serving  
 \_\_\_\_\_ Busser  
 \_\_\_\_\_ Cook  
 \_\_\_\_\_ Dishwasher  
 \_\_\_\_\_ Hostess  
 \_\_\_\_\_ Manager  
 \_\_\_\_\_ Prep Cook  
 \_\_\_\_\_ Waiter/Waitress

Exp. **Houeking/Janitorial**  
 \_\_\_\_\_ Floors  
 \_\_\_\_\_ Hospital  
 \_\_\_\_\_ Hotel/Motel  
 \_\_\_\_\_ in Homes  
 \_\_\_\_\_ Manager  
 \_\_\_\_\_ Office

Exp. **Languages**  
 \_\_\_\_\_ Spanish - read  
 \_\_\_\_\_ Spanish - write  
 \_\_\_\_\_ Spanish - speak  
 \_\_\_\_\_ English - read  
 \_\_\_\_\_ English - write  
 \_\_\_\_\_ English - speak  
 \_\_\_\_\_ Other Language: \_\_\_\_\_

**Legal**  
 \_\_\_\_\_ Bankruptcy Legal Secr.  
 \_\_\_\_\_ Business Legal Secr.  
 \_\_\_\_\_ Criminal Legal secr.  
 \_\_\_\_\_ General Legal Secr.  
 \_\_\_\_\_ Legal Clerk-assistant  
 \_\_\_\_\_ Legal Researcher  
 \_\_\_\_\_ Litigation Legal secr.  
 \_\_\_\_\_ Paralegal  
 \_\_\_\_\_ Tax legal Secr.

**Lifting**  
 \_\_\_\_\_ up to 25 lbs  
 \_\_\_\_\_ up to 50 lbs  
 \_\_\_\_\_ up to 75 lbs

**Management**  
 Budget  
 \$ amount: \_\_\_\_\_  
 Employees  
 List # \_\_\_\_\_  
 Project  
 \$ amount: \_\_\_\_\_

**Medical**  
 \_\_\_\_\_ Billing Clerk - Medical  
 \_\_\_\_\_ CPR Certified  
 \_\_\_\_\_ Direct Care Giver  
 \_\_\_\_\_ ICD9 Coder - Medical  
 \_\_\_\_\_ Medical Assistant  
 \_\_\_\_\_ Receptionist - Medical  
 \_\_\_\_\_ Secretary - Medical

Exp. **Miscellaneous**  
 \_\_\_\_\_ Dispatcher  
 \_\_\_\_\_ Electrician Helper  
 \_\_\_\_\_ Electronic Assembly  
 \_\_\_\_\_ General Labor  
 \_\_\_\_\_ Inventory  
 \_\_\_\_\_ Landscaping  
 \_\_\_\_\_ Parts/Tool Room Clerk  
 \_\_\_\_\_ Plumbers Helper  
 \_\_\_\_\_ Sanitation  
 \_\_\_\_\_ Security Guard  
 \_\_\_\_\_ Sewing  
 \_\_\_\_\_ Sheet Metal  
 \_\_\_\_\_ Shipping/Receiving  
 \_\_\_\_\_ Stock Clerk  
 \_\_\_\_\_ Warehouse  
 \_\_\_\_\_ Has Steel Toed Boots  
 \_\_\_\_\_ Will work outside

**Professions**  
 Doctor  
 Field: \_\_\_\_\_  
 Engineer  
 Field: \_\_\_\_\_  
 HR  
 Field: \_\_\_\_\_  
 Lawyer  
 Field: \_\_\_\_\_  
 Marketing  
 Field: \_\_\_\_\_  
 Realtor  
 Field: \_\_\_\_\_

**Receptionist**  
 \_\_\_\_\_ 1-5 lines Recept.  
 \_\_\_\_\_ 6-10 lines Recept.  
 \_\_\_\_\_ 11 + lines Recept.

**Sales**  
 \_\_\_\_\_ Corporate - Product  
 \_\_\_\_\_ Corporate- Service  
 \_\_\_\_\_ Social Media Management  
 \_\_\_\_\_ Corporate - Management  
 \_\_\_\_\_ Residential - Product  
 \_\_\_\_\_ Residential - Service  
 \_\_\_\_\_ Residential - Management  
 \_\_\_\_\_ Retail - Cashier  
 \_\_\_\_\_ Retail - Stocker  
 \_\_\_\_\_ Retail - Asst. Manager  
 \_\_\_\_\_ Retail - Manager

Exp. **Secretarial**  
 \_\_\_\_\_ Administrative Asst.  
 \_\_\_\_\_ Executive Secr.  
 \_\_\_\_\_ Insurance Secr.  
 \_\_\_\_\_ Real Estate Secr.  
 \_\_\_\_\_ Secretary

**Software**  
 \_\_\_\_\_ Access  
 \_\_\_\_\_ CAD Drafting  
 \_\_\_\_\_ Excel  
 \_\_\_\_\_ Lotus 123  
 \_\_\_\_\_ MS Word  
 \_\_\_\_\_ Outlook  
 \_\_\_\_\_ Peachtree  
 \_\_\_\_\_ Powerpoint  
 \_\_\_\_\_ Publishing  
 \_\_\_\_\_ Quickbooks

**Trades/Equipment**  
 \_\_\_\_\_ Construction  
 \_\_\_\_\_ Electrician  
 \_\_\_\_\_ Estimator  
 \_\_\_\_\_ Forklift Operator  
 \_\_\_\_\_ Foreman  
 \_\_\_\_\_ Framer  
 \_\_\_\_\_ HVAC Tech.  
 \_\_\_\_\_ Landscaper  
 \_\_\_\_\_ Machinist  
 \_\_\_\_\_ Maintenance Mechanic  
 \_\_\_\_\_ Mason  
 \_\_\_\_\_ Painter  
 \_\_\_\_\_ Plumber  
 \_\_\_\_\_ Sawyer  
 \_\_\_\_\_ Telecommunications Tech.  
 \_\_\_\_\_ Welder

**Typing**  
 \_\_\_\_\_ 0-30 wpm  
 \_\_\_\_\_ 31-60 wpm  
 \_\_\_\_\_ 61 + wpm

<i>For Employer Use Only:</i>	_____ <i>Professional Dress</i>	_____ <i>Articulate</i>	_____ <i>E+</i>
	_____ <i>Casual Dress</i>	_____ <i>Well spoken</i>	_____ <i>E</i>
_____ <i>Passed Tray Test</i>	_____ <i>Unkept</i>	_____ <i>Inarticulate</i>	_____ <i>F</i>
_____ <i>Comments:</i>			



# Shoman Staffing Services

## Important Safety Policies and Guidelines

I understand that my safety is very important, and that an injury can have a great detrimental effect on me, my family, Shoman Staffing Services, and our clients.

I agree to always work safely, and to not distract the attention of myself or others from the task at hand. I will not take risks that could result in injury to me or anyone else, and I will work within my limitations.

I agree to report unsafe acts or conditions to my supervisor at the work site and to Shoman Staffing Services immediately. If there is something about the assignment not understood, I will ask my supervisor or call the staffing specialist immediately.

I will not remove, displace, damage or destroy a safety device furnished for use on the job. I will wear steel toed footwear, safety glasses and/or goggles, gloves, back brace, hearing and protection devices when needed and at the request of the client.

I will not participate in horseplay, nor will I engage in physical or verbal fighting on the job.

I will not operate a vehicle or machinery without being trained competent and authorized. I will follow speed limits and driving conditions at all time.

I understand that all potential hazards must be recognized and the necessary measure to professionally handle them must be put into effect.

I understand that I will not be terminated or retaliated against for reporting an unsafe act or condition, nor will I be terminated or retaliated against for reporting an injury or illness.

**I will immediately report any and all injuries to my supervisor or Staffing Specialist. I understand and agree that I may be discharged for violating safety rules/precautions or for failing to report a work-related injury or illness, no matter how minor.**

I agree to not be under the influence or in possession of intoxicating beverages or drugs. I am subject to a pre-employment drug screening to aid in providing a safe working environment. I agree that Shoman Staffing Services may require the administration of a urine specimen test for pre-employment, at the time of an accident (or incident that relates to my safety, or the safety of other field employees, or the general public.) or for reasonable suspicion.

I understand that my refusal to abide by the Shoman Staffing Services Drug Free Work Policy will result in my rejection for further consideration for employment or disciplinary action, up to and including my discharge from employment and possible denial of Workers' Compensation Benefits.

I agree to abide by the policies and guidelines of Shoman Staffing Services. I understand that failure to follow employee guidelines may result in disciplinary action up to and including my discharge from employment.

I agree to contact Shoman Staffing Services regarding any of the following:

- Any injury to myself or a co-worker.
- Any unsafe working conditions.
- If I am unable to go to work or I am running late.
- If I am given keys, cash, a vehicle or any other valuables from the client.
- If the duties of the job are different or changed from what was explained to me.
- If I am harassed or uncomfortable, in any way, on the job.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Staffing Specialist Signature

\_\_\_\_\_  
Date