

TEMPORARY APPLICATION FOR EMPLOYMENT



PLEASE COMPLETE ENTIRE FORM
 This application will be scanned. Please print clearly
Adam Temporary Services, Inc is an equal opportunity employer

11 East 44th Street
 New York, NY 10017
 (212) 557-9150 Phone
 (212) 557-9348 Fax

NAME

Last name First name

POSITION DESIRED _____

DATE _____

ADDRESS

ARE YOU LEGALLY PERMITTED TO WORK IN THE US? YES NO

Rate Per Hour _____

MAY WE CHECK YOUR REFERENCES?

YES NO

CITY & STATE

City State Zip code

LIST TWO BUSINESS REFERENCES

NAME _____

TITLE _____ COMPANY _____

PHONE _____ E-MAIL _____

NAME _____

TITLE _____ COMPANY _____

PHONE _____ E-MAIL _____

HOME PHONE _____

BUSINESS PHONE _____

CELLULAR PHONE

E-MAIL

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, PLEASE DESCRIBE THE NATURE AND DATE OF THE CONVICTION(S) (A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT):

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

IF NO, PLEASE STATE YOUR AGE: _____

DATES AVAILABLE TO WORK? _____

SHIFT AVAILABLE TO WORK? _____

HIGH SCHOOL: _____ **YEARS ATTENDED:** _____ **DID YOU GRADUATE:** YES NO

COLLEGE: _____ **YEARS ATTENDED:** _____ **DID YOU GRADUATE:** YES NO

MAJOR: _____ **DEGREE:** _____ **GPA:** _____ **OTHER:** _____

	MOST RECENT EMPLOYER	PREVIOUS EMPLOYER
FIRM NAME	_____	_____
ADDRESS	_____	_____
TELEPHONE	_____	_____
WEBSITE	_____	_____
TYPE OF BUSINESS	_____	_____
STARTING DATE	_____	_____
LEAVING DATE	_____	_____
POSITION	_____	_____
DUTIES	_____	_____
REASON FOR LEAVING	_____	_____
NAME OF MANAGER	_____	_____
SALARY	_____	_____

- MICROSOFT WORD
- WORDPERFECT
- EXCEL
- LOTUS
- POWERPOINT
- OUTLOOK
- ACCESS
- ADOBE APPLICATIONS
- NETWORKING
- QUARK
- DATA ENTRY
- GRAPHICS
- PUBLISHER
- PHOTO EDITOR
- FILEMAKER PRO
- PAGEMAKER
- BOOKKEEPING
- ASST
- TRIAL BAL.
- INVENTORY
- GEN. LEDGER
- ACCT. REC.
- ACCT. PAY.
- PAYROLL (COMPUTER)
- DICTAPHONE
- QUICKBOOKS

OTHER SKILLS

FOREIGN LANGUAGES
 _____ SPEAK READ WRITE
 _____ SPEAK READ WRITE

TYPING SPEED: _____

STENO SPEED: _____

FAST LONGHAND: _____

P R E V I O U S A S S I G N M E N T S

COMPANY NAME NAME OF SUPERVISOR

HOW DID YOU LEARN OF OUR SERVICE?

I certify that the information I have provided in this application is true, accurate, and complete. I understand that the misrepresentation or omission of facts in the application process, including without limitation, during interviews, may cause Adam Temporary Services, Inc. to refuse to employ me, or, if already employed, to terminate my employment.

I authorize Adam Temporary Services, Inc and/or its designee to contact the employers, references, and educational institutions I have identified to verify and obtain information for purposes of evaluating me for employment. I hereby release Adam Temporary Services, Inc and its affiliates, employees, representatives and agents, and any individuals or entities that Adam Temporary Services, Inc contacts, from any and all claims or liability that may arise from such contact or from the information that is provided.

I acknowledge and agree that if I am employed by Adam Temporary Services, Inc my employment shall be "AT WILL." This means that either I or Adam Temporary Services, Inc may terminate my employment at any time, with or without reason and with or without notice. Nothing contained in this employment application or in the granting of an interview or an offer of employment is intended to or shall create a contract between me and Adam Temporary Services, Inc for either employment or for the providing of any benefit.

Signature

Date