

Please Provide two other contact numbers: _____ or _____



APPLICATION FOR EMPLOYMENT

Blytheville Location

102 W. Walnut St
 Blytheville, AR 72315
 870.762.2262

Osceola Location

606 W. Keiser
 Osceola, AR 72370
 870.563.3330

Email Address Required: _____

Date: _____ Currently Working: Yes Or No
 Last Name: _____ First Name: _____ Mi: _____
 Home Phone: _____ Cell Phone: _____
 Street Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____ How Long: _____

In Case of Emergency Please Notify:

Name: _____ Number: _____ Relationship: _____

Question	Answer
Have you ever filed an application or been employed with us before?	Yes No
Are you presently 18 years or older?	Yes No
Are you legally authorized to work in the United States?	Yes No
Do you have reliable transportation?	Yes No

Minimum Wage Acceptable

- \$11.00 - \$12.00
- \$13.00 - \$14.00
- \$15.00 - \$17.00
- Other: \$ _____

Travel Distance

- 0-10 Miles
- 10-20 Miles
- 20-30 Miles
- Other: _____

Preferred Shifts

- Any Shift
- 1st shift
- 2nd shift
- 3rd shift

Interest (Check all that apply)

- Screen to hire
- Long Term Assignment
- Short Term Assignment
- Same Day Assignment

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information in this application.

Signature: _____

Date: _____

EDUCATION

High School: _____ Location: _____ Diploma: Yes No

College/Technical School: _____ Location: _____ Diploma: Yes No

Ged: YES or NO Other: _____

Military

Have you served in the armed forces? Yes No

Are you a member of the National Guard? Yes No

Specialty: _____

Work History:

Dates Employed	Company Worked	City	State
Start Date:			
End Date:			
Job Title:			
1 Work Experience:			
Reason for Leaving:			
Company Contact:			
Was this position through a Staffing Company?	Yes	No	
Name of Staffing Company:			
How many people at the job site were from the Staffing Company?			

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Start Date:			
End Date:			
Job Title:			
1 Work Experience:			
Reason for Leaving:			
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Reason for Leaving:			
Company Contact:			
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Name of Staffing Company:			
How many people at the job site were from the Staffing Company?			

I authorize you and all former employers and others given by me as a reference to furnish Temps Plus with all information relative to possible future employment. I agree to release said person, institutions, and Temps Plus from all liability regarding the transmission of reference material.

Signature of Applicant: _____ Date: _____

PHYSICAL REQUIREMENTS

The following are physical requirements pertaining to the job(s) for which you are applying. These recognized, physical requirements are essential functions of the job and are in addition to the skills, years of experience, or other qualifications required to perform the job(s).

The information is used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person.

The following questions/statements include essential functions relevant to in general grouping of industrial job classifications. These essential functions generally apply to the job(s) for which you are applying.

WORKING AN 8 HOUR SHIFT CAN YOU PERFORM THE FOLLOWING ESSENTIAL JOB FUNCTIONS?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Stand for long periods of time | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Lift and/or carry up to 25 pounds | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Lift and/or carry up to 25 – 30 pounds | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Lift and/or carry up from 50 – 80 pounds | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Lift and/or carry up to 50 – 100 pounds with a partner | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Bend at the waist routinely. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Grip, grasp or twist objects or tools using your hands and wrist. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Apply pressure to an object with your fingers and palms. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Assemble very small parts by hand. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Move objects back and forth, and up and down. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Move about on foot and required. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Work in hot or cold temperatures. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Read instructions, match numbers or letters, identify colors. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Understand written and verbal instructions, to include hazard communication safety information? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Wear dusk mask or respirators | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Be able to step up a ladder or walk up a flight of stairs. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Bend your body downward and forward by bending at the waist (stooping). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Bend your legs at the knee (Kneeling). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I HAVE ANSWERED THE ABOVE QUESTIONS COMPLETELY, ACCURATELY, AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PLEASE MARK THE AREAS IN WHICH YOU HAVE EXPERIENCE

INDUSTRIAL SKILLS:

- LIGHT ASSEMBLY METAL STAMPING SHIPPING/RECEIVING BRAKE PRESS
- PUNCH PRESS DRILL PRESS LATHES AUTO CAD CNC LATHES MILL
- CNC PROGRAM MACHINE SET-UP CALIPERS MICROMETERS BUFFER
- BLUE PRINTS ASSEMBLY PACKAGING QUALITY CONTROL GRINDING
- INVENTORY CONTROL FOUNDRY MACHINE OPERATOR SLITTER OPERATOR
- MACHINIST

CONSTRUCTION/CARPENTRY:

- PAINTING CARPENTER W/TOOLS DRY WALLING ROOFING SIDING SAND BLAST
- BRICK LAYING CARPENTER W/O TOOLS CONCRETE FINISHER CONCRETE FORMS
- SPRAY PAINTING CARPENTER HELPER HAND PALLET JACK PRESSURE WASHER

WELDING:

- PIPE WELDING PIPE FITTING MIG WELDING TIG WELDING ARC WELDING
- SPOT WELDING BRAZING SOLDERING CUTTING TORCH METAL FABRICATION
- ALUMINUM WELDING

MAINTENANCE:

- INDUSTRIAL AUTOMOTIVE ELECTRICAL COMPUTER TOOL & DIE HYDRAULIC
- HEATING & AIR DUCT WORK CONVEYOR LINES PLUMBER MECHANICAL KNOWLEDGE
- TRASH COLLECTION GROUNDS KEEPING DIESEL MECHANIC TOOLS

WAREHOUSE:

- DELIVERY INVENTORY COMPUTER TRUCKS LOAD/ UNLOAD PALLET JACK
- CONTROL STOCKING SHIPPING/RECEIVING

HEAVY EQUIPMENT:

- DUMP TRUCK FRONT END OVER HEAD CRANE BOB TRUCK HYDRAULIC CRANE
- FORKIFT LOADER DRAG LINE CRANE BULLDOZER CDL (LICENSE) ROAD GRADER
- KUMATSU SKYTRAC TRACHOC CLAMPLIFT OPERATOR CERT. ON OH CRANE
- OTHER, PLEASE LIST: _____

SAFETY EQUIPMENT OWNED:

- STEEL – TOE BOOTS METAL TARSAL SAFETY GLASSES
- WELDING HOOD GLOVES HARD HAT

CLERICAL SKILLS:

- PAYROLL BOOK KEEPING SWITCHBOARD MS WINDOWS LOTUS 1-2-3 EXCEL
- WORD PERFECT MS OFFICE ACCOUNTING MANAGER TYPING CASHIER
- DATA ENTRY RECEPTIONIST 10 – KEY IT QUICK BOOKS

DRIVER:

- COMBINATION VECHILE MANUAL TRANSMISSION DUMP TRUCK BOB TRUCK
- STRAIGHT TRUCK TANKER ROLL OFF TRUCK WATER TRUCK END DUMP
- AUTOMATIC TRANSMISSION HAZ MAT DOUBLES/TRIPLES CDL CLASS A CDL CLASS B
- 8 SPEEDS 9 SPEEDS 10 SPEEDS 13 SPEEDS 15 SPEEDS 18 SPEEDS AIR BRAKES
- OTHER, PLEASE LIST: _____

OTHER EXPERIENCE YOU MAY HAVE: _____

EMPLOYMENT POLICIES:

All employees are required to report their availability daily by phone and the morning following the end of each job assignment failure to phone in for a job assignment may affect the employee's unemployment benefit.

When you work for Temps Plus, you are an employee of Temps Plus only. You are not an employee of the customer until you are hired by the customer. The customer's employment policies apply to you, regardless if you are sent by the customer or by Temps Plus to work on a job.

The company considers any employee who is non-complaint with this police is Voluntarily Terminated.

Did you complete this application your self? Yes No. If no, who did? _____

Signature: _____ Date: _____

How did you hear about Temps Plus?

News paper Radio Friend Job Fair Other: _____

Have you previously applied at Temps Plus? Yes No When? _____

Have you worked for other employment services: Yes No

Where? _____ Date? _____ How Long? _____

READ STATEMENT CAREFULLY BEFORE SIGNING AND DATING.

I authorize you as my prospective employer to investigate throughly my previous work, medical and personal history. I authorize anyone who has such information to release it to you.

I consent to take and have any doctor, hositpal or testing laboratory conduct medical drug tests on me prior to employment and as part of a periodic physcal examination paid for by the company, or when the company has reason to believer that such tests may be necessary. I agree to sign any authroization necessary for the release to the company of medical information, including laboratory reports, by any medical person or facility as it relates to my suitability for employment I hold no person or organization liable for any damages which may result from furnishing any information described above.

I understand that I must be able, with or without reasonable accommodations, to perform all essnetial functions of any job or position to which I may be assigne by temps plus, amd that any placement upon a specific job assignment with a customer or temps plus, may be conditioned upon a physical examination related to my performance or the essential job functions. I release all parties from any obligation to provide me with written notification of this disclosure of employment – related information. I understand that this may include information of discriplinary action or job performances as evaluated by this or previous employers.

I recognize that neither this application nor any future employment is an employment contract. I recognize that if I become employed, my employment is assured for no definite period of time. I am free to terminate my employment at any time for any reason, and the company retains the same rights. No company representative, nor any client of the company where I may perform work, has the authority to make any contrary agreement.

I understand that this application is considered active for ninety (90) days. After that, if I have not been employed by the company, I must reapply if I still wish to be consider for employment. I cerify that the information contained in this application is correct to the best of my knowledge and I understand that deliberate falsifying this information is grounds for refusal to hire or dismissal of employment.

Signature: _____ Date: _____