

# **Application for Employment – Clerical**

Equal Opportunity Employer

Elite HR Logistics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, sexual orientation, national origin, disability or handicap, or veteran status. We comply with all Federal, State, and Local laws concerning discrimination in employment.

Position(s) Applied for:		Do	ate of Application	า:/_	_/
Name:					
(Last)		(First)		(Middle)	
Nickname or other names y	ou have used while	working:			
Street Address:			Apt./Un	it No.:_	
City:	Sto	ate:	Zip Code		
Mailing Address:			Apt./Uni	t No.:	
City:	Sto	ate:	Zip Code		
Home phone:	Cell Phone:_		Cell Provider:_		
Email Address:					
Emergency Contact:					
	(Name)	(Relationship)	(Contact Nu	mber)	
Social Security #:		_ Date o	of Birth:/	_/	
Have you ever been employed l	by Elite HR Logistics E	Sefore?		□Yes	□No
If yes, please give date and pos	itions:				
Can you present evidence of yo	ur U.S. citizenship or	proof of your legal r	ight to live		
and work in this county?				$\Box Yes$	$\square Nc$
Are you telephone accessible?				$\Box$ Yes	$\Box Nc$
Are you willing to take a drug s	_	•		$\Box$ Yes	$\square Nc$
Will you release your backgrou	•	ive of criminal recor	ds?	$\Box$ Yes	$\square Nc$
What areas are you willing to v	vork?				
(Print Name)	(Ar	pplicant Signature)	(Do	ate)	
*No applicant will be denied employment solely on the	=	offense. The nature of the offense,	date of he offense, the surround	ing circumstance	es, and

\*The ability to be bonded is a condition of hire: A photograph and a copy of your fingerprints may be required as part of our requirement during your employment.



#### PRE-EMPLOYMENT BACKGROUND INVESTIGATION RELEASE

In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates (CDTA, 1011 Camino Del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382. These reports will include information as to my character, work habits, performance and experience of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

**Please Print Clearly** 

				<del></del>				
First Name		Middle Name			Last Name			
Alias/Maiden Name(s)								
Current Address			City			State	Zip C	 :ode
Driver's License Number			State	 Date	// of Birth*	Socia	   Securi	ity Number
*Date of Birth is being req	uested in ord	er to obtain accurate	retrieval of ı	ecords.				
I authorize, without reserve	ation, any part	ry or agency contacted	by this emplo	oyer to fu	urnish the abo	ove mentio	 ned inf	ormation.
Applicant Signature			Print N	ате		_	Dat	—— е
AC	KNOWLE	DGEMENT OF A	AVAILAB	LE MO	ODIFIED	DUTY		
Elite HR Logistics desires to p	provide our inju	ıred employees with the	most expedie	nt and q	uality medical	care for the	eir work	related
injuries. <u>Elite HR Logistics</u> has develo <sub>i</sub> status by making accommod			-				a modifi	ied duty
I understand that failure to r missed.	eport for modi	fied duty will be conside	red an unexc	ısed abse	ence, and I wil	not be paid	d for an	y days
(Applicant Signa	ature)		(Print Name	)	<u></u>		(Date)	1
		AVAILA	ABILITY					
How were you referred to our o	ompany?							
Date you are available for work	:/	Salary Rate: N	1inimum \$	/Hr	Desired:	\$/	łr	
Type of employment accepted:	☐ Full Time	☐ Part Time ☐ Tempora	ry □Temp to	Hire 🔲 I	Direct Hire	On-Call		
Hours available to work:	Monday	TUESDAY WEDN	ESDAY TH	JRSDAY	FRIDAY	SATURDA	AY	Sunday
BEGINNING TIME ENDING TIME								

#### **WORK EXPERIENCE**

List all current and previous employment for a minimum of five (5) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

Are	you currently em	ıployed? □Yes □	☐ No If "Yes", may we contact your current employer? ☐ Yes ☐ No			
1.	FROM	ТО	EMPLOYER	PHONE		
JOB T	ITLE	☐ FULL-TIME	ADDRESS			
IMME	DIATE SUPERVISOR A	ND TITLE	WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EM	4PLOYED?	☐ YES	□ NO
SUMM	IARIZE NATURE OF WO	ORK AND JOB RESPONSIE	JILITIES			
REAS	ON FOR LEAVING					
2.	FROM	ТО	EMPLOYER	PHONE		
JOB T	ITLE	☐ FULL-TIME ☐ PART-TIME	ADDRESS			
IMME	DIATE SUPERVISOR AF	ND TITLE	WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EM	4PLOYED?	☐ YES	□ NO
SUMM	IARIZE NATURE OF WO	DRK AND JOB RESPONSIE	ILITIES			
REAS	ON FOR LEAVING					
3.	FROM	ТО	EMPLOYER	PHONE		
JOB T	ITLE	☐ FULL-TIME ☐ PART-TIME	ADDRESS			
IMME	DIATE SUPERVISOR AF	ND TITLE	WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EM	4PLOYED?	☐ YES	□ NO
SUMM	ARIZE NATURE OF WO	ork and Job Responsib	ILITIES			
REAS	ON FOR LEAVING					
4.	FROM	ТО	EMPLOYER	PHONE		
JOB T	ÎTLE	☐ FULL-TIME ☐ PART-TIME	ADDRESS			
IMME	DIATE SUPERVISOR A	ND TITLE	WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EM	4PLOYED?	☐ YES	□ NO
SUMM	IARIZE NATURE OF WO	ork and Job Responsib	JILITIES			
REAS	ON FOR LEAVING					
5.	FROM	ТО	EMPLOYER	PHONE		
JOB T	ITLE	☐ FULL-TIME☐ PART-TIME	ADDRESS			
IMME	DIATE SUPERVISOR A	ND TITLE	WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EM	4PLOYED?	☐ YES	□ NO
SUMM	IARIZE NATURE OF WO	DRK AND JOB RESPONSIE	JILITIES			
REAS	ON FOR LEAVING					
6.	FROM	ТО	EMPLOYER	PHONE		
JOB T	ITLE	☐ FULL-TIME ☐ PART-TIME	ADDRESS			
IMME	DIATE SUPERVISOR A	ND TITLE	WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EM	4PLOYED?	☐ YES	□ NO
SUMM	IARIZE NATURE OF WO	ORK AND JOB RESPONSIB	ILITIES			
REAS	ON FOR LEAVING					

### **EDUCATIONAL BACKGROUND**

	Give record of	all Hia	h Schools	. Colleges	. Universities	. Trade or Vocation	onal Schools v	you have attended.
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The reservation of the region						
NAME AND LOCATION	Number of Years  Completed	Major Subject or Course	DEGREE OR CERTIFICATE			
HIGH SCHOOL						
COLLEGE						
OTHER						
OTHER						

OTHER					
OTHER					
REF	ERENCES				
List the three persons not related to you who have knowl	ledge of your work per	formance within the la	st three years.		
Name and Address	OCCUPATION	Number of Years Known	PHONE NUMBER		
		,			
	SKILLS				
Please indicate the office machines you can operate:					
Can you type? ☐ Yes ☐ No WPM: 10-Key? ☐ Yes ☐ No KPH:	Can you take dictation	? □ Yes □ No WP	M:		
Do you have computer experience? ☐ Yes ☐ No ☐ If Yes, what type? ☐ PC ☐ MAC ☐ Workstation					
Indicate below the software with which you have practic	cal experience:				
☐ Word ☐ Excel ☐ PowerPoint ☐ Publisher	☐ Other:				
Graphics: ☐ Pagemaker ☐ Quark ☐ InDesign ☐	]CAD  □ Other:				
Bookkeeping / Accounting: ☐ Comp. Assoc. ☐ Peach ☐ Great Plains ☐ Other:			kBooks		
Application: ☐ General Ledger ☐ Trial Balance ☐ Billing ☐ Other:	] Accounts Payable	☐ Accounts Receivabl	e □ Payroll		
Dining Donci					
Indicate any computer peripherals you are familiar with:	: □ Fax/Modem □ I	Laser Print □ Other	:		

List any special computer skills you may have:\_\_

## **ADDITIONAL QUESTIONS**

Are you able to perform the essential func or without reasonable accommodation?	tions of the job for which you are applying, either with	☐ Yes	☐ No
	e performed:	<u> </u>	
Do you have any relatives employed with t If yes, please list their names and positions	chis company?	☐ Yes	☐ No
Have you submitted an application with El	ite HR Logistics before?	☐ Yes	☐ No
Have you ever been bonded? If yes, where:		☐ Yes	☐ No
Have you ever had security clearance? If yes, at what level:		☐ Yes	☐ No
Have you obtained any special skills as a re	· · · · · · · · · · · · · · · · · · ·	☐ Yes	☐ No
(Example: Certified forklift operator, machinist, welder, as	lifications which you feel would make you suited for work? sembly or warehouse, etc.)	Yes	□ No
Certified in:		Yes	□ No
License or Certification #:			
Have you ever worked as a temporary emp	ployee?	☐ Yes	☐ No
Company assigned to:	Temp Agency:		
	Temp Agency: Temp Agency:		
company assigned to.	remp Agency		