

# DIVIDEND

## STAFFING SERVICES

How did you hear about us?

Newspaper  Friends/Family  TV/Radio  Billboard

Relative \_\_\_\_\_ Other \_\_\_\_\_

Do You Have Transportation?  Yes  No

Have You Worked For Other Temporary Services?

Yes  No Which Service? \_\_\_\_\_

Have You Ever Been Convicted Of a Felony or Received  
Deferred Adjudication in Lieu of Sentencing?

Yes  No Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name / Maiden Name (if applicable)		First Name	Initial
Address			
City		State	Zip
Home Phone	Other #	Cellular/Pager	
SS#	Maximum Distance To Commute?		Hourly Rate Desired?
Drivers license #:	Birth Month/Day:		
Assignments you prefer: Temp to Hire <input type="checkbox"/> yes <input type="checkbox"/> no Direct Hire <input type="checkbox"/> yes <input type="checkbox"/> no			
Less than 2 Weeks <input type="checkbox"/> yes <input type="checkbox"/> no Over 4 Weeks <input type="checkbox"/> yes <input type="checkbox"/> no			
Circle Days You Can Work? M T W TH F S S Days Evenings Nights			
Available Hrs		Type Work Desired	
Check The Weight You Can Lift <input type="checkbox"/> Up To 25 Lbs. <input type="checkbox"/> 25-50 Lbs. <input type="checkbox"/> 51-100 Lbs. <input type="checkbox"/> Over 100 Lbs.			

<b>IN EMERGENCY PLEASE NOTIFY:</b>	
Name:	Address:
Phone:	Relation:

EMPLOYER (most recent first)			Duties	Reason for Leaving:
From / /	Company	Pay		
To / /	Supervisor:	Work Phone:		
From / /	Company	Pay		
To / /	Supervisor:	Work Phone:		
From / /	Company	Pay		
To / /	Supervisor:	Work Phone:		
From / /	Company	Pay		
To / /	Supervisor:	Work Phone:		

EDUCATION:				
School Name	Location	Years Attended	Diploma/Degree	Course of Study

Name: \_\_\_\_\_ Candidate #: \_\_\_\_\_ Date: \_\_\_\_\_