WORK HISTORY CARD

SKILLS | 1 | 2

Name (last)	First	MI	Home Phone	Message/Business Phone	Today's Date / /
Street Address			City	State	Zip Code

JOBLINE X-PRESS

Welcome to the **JOBLINE X-PRESS** team. You have selected **MAUI'S** best in employment placement.

We're very happy to have you and want to assist you with your employment search.

If you have a clerical or technical work background, it is recommended that a resume be submitted with this application.

_____
Person to Notify in Case of Emergency

Phone | Address | City

THIS BOX FOR OFFICE USE ONLY

I-9 completed ☐   3 yr. anniv. date_____ID exp. date_____

Why are you seeking Temporary Employment?

How did you hear about our company?

Have you ever worked for our company? Yes ☐ No ☐	When	Where

Type of assignment you would prefer.

Do you have reliable transportation?

Are you willing to take a drug screen according to our policy?

Can You Drive a Truck?   Yes ☐   No ☐

Are You a Student?   Yes ☐   No ☐

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

M / F/ H / V

TO BE FILLED IN BY PERSONNEL COORDINATOR UPON ACCEPTANCE OF FIRST ASSIGNMENT

CHECK ONLY THE SKILLS IN WHICH YOU HAVE WORK EXPERIENCE

TYPING:

☐ Electronic   ☐ Electric
Make & Model   How Long?
_____
_____
_____
☐ correspondence   ☐ proposals
☐ manuscripts   ☐ statistical
☐ policy / claim   ☐ invoice
☐ Other _____

SPECIAL TERMINOLOGY:

☐ Legal ☐ Medical ☐ Engineering
☐ Bilingual-Language: _____
_____speak   _____write
_____translate   _____read
☐ Other _____

SECRETARIAL:

☐ General   ☐ Executive
☐ Administrative   ☐ Steno
☐ Fast Long Hand   ☐ Speedwrite
☐ Machine Transcription
  equipment _____

OFFICE SKILLS AND EQUIPMENT:

☐ Proofreading   ☐ Reception
☐ Filing - _____alpha   _____numeric
☐ Copier   ☐ Teletype
☐ Facsimile   ☐ OCR
☐ Mailroom   ☐ Postage Meter
☐ Addressing   ☐ Collating
☐ Coding   ☐ Inventory
☐ Microfilm / Microfiche
  equipment: _____
  skills: _____
☐ Other _____
_____

TELECOMMUNICATIONS:

☐ Telephone System (ex.: Centrex, Horizon, Dimension)
Equip Name - # of Lines - How Long?
_____
_____
_____
_____relief   _____full time
☐ Telex / TWX

AUTOMATED OFFICE: List Equipment

☐ Data Entry / CRT: _____
___10-key   ___reverse 10-key   ___alpha
☐ Keypunch: _____
  Keystroke speed: _____
☐ Computer Op: _____
☐ Programmer-language: _____
☐ Word Processing - How Long? _____
  equipment: _____
  skills: _____
  _____
☐ PC Operator - How Long? _____
  equipment: _____
  _____
  skills: _____

SALES AND MARKETING:

☐ Booth Attendant   ☐ Merch. Display
☐ Host / Hostess   ☐ Product Demo
☐ Survey Taker   ☐ Phone Sales
☐ Model   ☐ Shopper   ☐ Cashier
☐ Other _____

ACCOUNTING: **How Long?**

☐ Bookkeeper _____
__ Asst __ F / C   ☐ Gen. Ledger
☐ AR   ☐ AP   ☐ Trial Bal.
☐ Dbl Entry   ☐ Sgl Entry
☐ Bank Recs   ☐ Posting
☐ Payroll   ☐ Cred. & Coll.
  system: _____
☐ 10-Key Calc. / Add Mach.
  _____touch   _____sight
☐ Bank Teller   ☐ Accountant
  Acct. Equip. Used - How Long?
_____

MISCELLANEOUS:

☐ Draftsperson   ☐ Engineer
☐ Librarian   ☐ Messenger
☐ Quality Control
☐ Lab Tech-type: _____
☐ Catering-skills: _____
_____
☐ Other _____
_____

☐ I will accept same day assignments.   ☐ I am available for a long term assignments.   ☐ I am interested in a permanent position

Dates Available to Work start _____ until _____	Circle Days Available M T W T F S S	Day Hours	from _____ to _____	Night Hours	from _____ to _____	SOCIAL SECURITY # (verified ☐) ___ ___ ___ - ___ ___ - ___ ___ ___ ___

DO NOT WRITE BELOW THIS LINE. PLEASE CONTINUE ON THE OTHER SIDE.

CLERICAL		LANG. SKILLS		E	AA	A	BA	COMMENTS AND RECOMMENDATIONS
Alpha		BUS. TRANS.	Appearance					
Numeric		LEGAL TRANS.	Attitude					
Proofreading		MED. TRANS.	Communication					
Classifying		10 KEY	Speech					
GEN. TYPING		ALPHA / NUM. D.E.	Job Knowledge					
ROUGH DRAFT		NUMERIC D.E.	Exp. Level					
STAT. TYPING		F / C BKKP.						
STENO		ASST. BKKP.						
			Geog. Preference:				Interviewed By:	

PLEASE ANSWER ALL QUESTIONS

EDUCATION (Circle Highest Grade Completed)   High School   1   2   3   4   General Equivalency Diploma □

Business / Vocational _____   College   1   2   3   4   4+

Skill or Trade _____   Degree or Major _____

PREVIOUS PERMANENT EMPLOYMENT

DATES		Name / Address of Company	Phone Number	Supervisor	Type of Work	Salary	Reason for Leaving
From	To						

PREVIOUS TEMPORARY EMPLOYMENT

DATES		Temp Service Name / Town	Companies Where Assigned	Supervisor and Dept.	Skills	Pay Rate
From	To					

I hereby affirm: that all information given by me on this Work History Card is true and complete. If my answers are untrue or misleading, you have the right to dismiss me immediately. If selected for employment, I agree to provide documentation showing that I am authorized to work in the U.S. You may contact my former employers for references and release the information herein to your clients and insurance companies and may give references on me. At your request I will submit to a physical examination by a doctor of your choice. Such physical examination may include testing for drugs and alcohol. My employment may be terminated by you at any time, and you will only be liable to me for wages earned up to termination. If I work for you, I will be your employee. I will obtain permission before discussing permanent employment with your clients. I will keep confidential all information I learn from your clients. I will notify you when my temporary assignments end. If I don't, it means that I am not available for work. I understand that failure to comply with instructions of supervisors or policies of the companies I am assigned to; incompetent work performance, criminal conduct, unacceptable, immoral or aggressive behavior while on assignment; failure to show up for or complete an assignment; and / or the use of, possession of or being under the influence of illegal drugs or alcohol will result in immediate termination of employment.

DATE_____ APPLICANT'S SIGNATURE_____

PLEASE DO NOT WRITE BELOW THIS LINE

REFERENCES CHECKED	Company	Phone □	Company	Phone □	Company	Phone □
	Name	Mail □	Name	Mail □	Name	Mail □

CLIENT NAME	REPORT TO	JOB DESCRIPTION	PAY RATE	BILL RATE	START DATE	EST. DUR.	FINAL DATE	E	A A	A	BA	DISMISSED / REASON	CONTACT LOG DATE / COMMENTS

The EVALUATIONS header spans columns: E | A A | A | BA

	(last, First)	PHONE																
BIRTH MONTH	NAME	TOWN		WPM	STAT	SEC	TRANS EQUIP	S H	SPEC TERM	TEL COM	CLK	PRF	D E	W P	P C	ACCT	CALC	MKTG	LT IND