



# Business Personnel Services, Inc.

"Your Office Personnel Resource"

Date of Application

S  N   
 A 1 2 3  
 P 1 2 3

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Residence Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Own Home  No. of yrs at present address? \_\_\_\_\_  
 Rent  No yrs in comm? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact in Emergency - Not Spouse \_\_\_\_\_  
 Address (City and State) \_\_\_\_\_ Phone Number \_\_\_\_\_

Have Driver's License? Yes  No   
 Year and Make of Car \_\_\_\_\_ Will Travel? Extensive  Limited  No   
 Spouse's Name \_\_\_\_\_ Spouse's Occupation and Name of Co. \_\_\_\_\_

Days Lost in Past 2 Years Due to Illness \_\_\_\_\_ Social Security Number \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Duty \_\_\_\_\_ Rank \_\_\_\_\_

Hobbies, Outside Interests & Sports \_\_\_\_\_ Memberships: Professional/Social \_\_\_\_\_  
 Security Clearance Yes  No  Have Resume? Yes  No  Will Make   
 How did you hear of us? Employer  Newspaper  Applicant  Other  Phone Book

Education:	Name of School	Location (City and State)	Dates Attended	Years Completed	Grade Avg	Graduate?	Degree Title	Indicate Major or List Major Subjects
High School			From	To		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or University						Yes <input type="checkbox"/> No <input type="checkbox"/>		
Others: corr. Military, etc.						Yes <input type="checkbox"/> No <input type="checkbox"/>		

Position you wish. 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 I Can Interview Starting When? \_\_\_\_\_ I Can Begin Work On What Date? \_\_\_\_\_  
 Citizen of U.S. Yes  No

Work History	Present or Last Position			Next to Last Position			2nd to Last Position		
Dates Employed	From	To		From	To		From	To	
Company Name									
Company Address									
Name & Title of Supervisor									
Phone Numbers: Co. & Supervisor	Company's No.	Supervisor's No.		Company's No.	Supervisor's No.		Company's No.	Supervisor's No.	
Base Monthly Earnings	Start	Now	Salary <input type="checkbox"/> Draw <input type="checkbox"/> Comm. <input type="checkbox"/>	Start	Now	Salary <input type="checkbox"/> Draw <input type="checkbox"/> Comm. <input type="checkbox"/>	Start	Now	Salary <input type="checkbox"/> Draw <input type="checkbox"/> Comm. <input type="checkbox"/>
Additional Monthly Earnings	Monthly Average		Comm. <input type="checkbox"/> Bonus <input type="checkbox"/>	Monthly Average		Comm. <input type="checkbox"/> Bonus <input type="checkbox"/>	Monthly Average		Comm. <input type="checkbox"/> Bonus <input type="checkbox"/>
Total Annual Earnings	\$		May we check references? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		May we check references? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		May we check references? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Title									
Exact Duties You Perform									
No. of Employees	Dept.	Co.		Dept.	Co.		Dept.	Co.	
Co. Benefits									
Reason for Leaving?									
Personal References With Company	Name	Phone	Position	Name	Phone	Position	Name	Phone	Position

Would you be interested in working a temporary position while looking for a permanent one? Yes  No

Shifts Available? Day  Eve  Night  Would you be interested in a temporary to permanent position? Yes  No

If Experienced or Trained, Check the Following Boxes.

Accounting Payable <input type="checkbox"/>	Inventory Kind? <input type="checkbox"/>	Shorthand Speed <input type="checkbox"/>	IBM Machine Kind? <input type="checkbox"/>	Please list software you use below _____ _____ _____
Receivable <input type="checkbox"/>	Payroll <input type="checkbox"/>	Dictaphone <input type="checkbox"/>	PBX Operator <input type="checkbox"/>	
Bookkeeping <input type="checkbox"/>	Cashier <input type="checkbox"/>	Speed <input type="checkbox"/>	Plug <input type="checkbox"/>	
Full Charge Assistant <input type="checkbox"/>	File Clerk <input type="checkbox"/>	Data Processing <input type="checkbox"/>	Key <input type="checkbox"/>	
	Billing Clerk <input type="checkbox"/>	Speed <input type="checkbox"/>	Telemarketing <input type="checkbox"/>	