

EMPLOYMENT APPLICATION * * *

ALL TEMPORARIES MIDWEST
4200 CENTRAL AVE NE
COLUMBIA HEIGHTS, MN 55421
 952-941-1064-phone
 952-941-0581-fax

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, religion or status with regard to public assistance, disability, or conviction of a felony. Thank-you for your interest in employment with ALL TEMPORARIES MIDWEST.

Last Name (print)	First Name	Middle	Birth Date
Address Street		City	State Zip
		County	
Telephone Number (s) Phone with answering machine required		Position (circle)	Social Security Number (photo copy also required)
Home: Cell:		RN LPN TMA CNA	
Person to Notify in Case of Schedule Change or Emergency		Address:	
Name: Relationship:		Phone:	
Have you ever been employed for a pool agency before? If yes, When?		How did you find out about us ? (Ad, Referral, etc)	
From: To: For what Agency: _____			
Do you have a current / valid Minnesota Background Study? Yes__ No__			
Have you ever failed the Minnesota Background Study? Yes__ No__			
Have you been fired from any job in past 2 years? Yes__ No__ If yes, reason for termination: _____			
Have you been convicted of a felony within the last 5 years? Yes__ No__ If yes provide details - write on back for more space: _____			
Date Available for Work	Full Time _____ Part Time _____	If Part Time Preferred Days:	Salary Expected:
What Shifts	Days _____ Evenings _____ Nights _____	Do you have transportation and valid Drivers License? Yes__ No__	
Will you work weekends or holidays? Yes__ No__		If NO - explain how you will get to work:	
We			

EDUCATIONAL HISTORY

SCHOOL	NAME OF SCHOOL AND LOCATION	MAJOR COURSE	CIRCLE LAST YEAR COMPLETED
HIGH SCHOOL			FR SO JR SR 1 2 3 4
COLLEGE, TRADE, PROFESSIONAL			FR SO JR SR 1 2 3 4
OTHER: INCLUDE MILITARY			

Degree Attained Average Grades High School: College GPA:

YOUR PHYSICAL HEALTH RECORD:

YES __ NO __ : Any physical limitations or injuries which limit you in any way from fully performing the job your applying for:

(RN, LPN or CNA)? Job duties include minimum weight lifting of 50lbs.

If yes provide details - write on back for more space: _____

If YES, You may be required to take and pass with no limitations pre-employment physical at your expense, and may not be able to begin work until you provide documentation that you have been without restriction for at least 12 months prior to beginning work, and documentation that during that time you have been performing the duties you are applying for at least 20 hours per week (half time).

EMPLOYMENT RECORD (List Most Recent Position First, Include Military)

1. Present or Most Recent Employer	Name of Employer	City / State	Phone	
	Your Position	Last Supervisor	Start Salary	Final Salary
	Description of Work Performed			
	Full Time _____ Part Time _____ Hours Per Week _____			
Date of Hire _____	Reason For Leaving			
To _____				
2. Next Previous Employer	Name of Employer	Address	Phone	
	Your Position	Last Supervisor	Start Salary	Final Salary
	Description of Work Performed			
	Full Time _____ Part Time _____ Hours Per Week _____			
Date of Hire _____	Reason For Leaving			
To _____				

Are You Presently Employed? Yes ___ No ___

If Yes, May We Contact Your Present Employer? Yes ___ No ___

I hereby authorize investigation of all statements contained in this application and agree that if any misrepresentation has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by the agency may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have been employed. I understand I may be required to take pre-employment physical at my expense, and in such case I may not be hired as a result of the outcome of the physical.

In connection with my application for employment, I authorize ALL TEMPORARIES MIDWEST) and any agent acting on its behalf, to conduct an inquiry as to my record with, and hereby authorize the release of information from, any or all of my former employers, references, and any or all educational institutions, and or any/all professional credentials. Moreover, I hereby release ALL TEMPORARIES MIDWEST and any agent acting on its behalf, and any or all of my former employers, references, and any or all educational institutions from any and all liability whatsoever related to the requesting and providing of any such information.

I further acknowledge that as a condition of my employment I will be required to sign ALL TEMPORARIES MIDWEST's standard employment agreement, read the ALL TEMPORARIES MIDWEST policies and procedures in its Employee Manual and Handbook and acknowledge receipt of and understanding of such procedures and policies by signing the Handbook acknowledgement / information release form.

All of the information I have provided in this application and in connection with my employment application process is truthful, accurate and complete and I hereby acknowledge that I have read and understand the above statement.

Date: _____

Signature (do not print): _____