

INT. BY: _____
REV. 07/2021

TOP NOTCH TEMPORARIES, INC.

TOP NOTCH PERSONNEL, INC.

APPLICATION FOR PLACEMENT

EQUAL OPPORTUNITY EMPLOYERS

THIS APPLICATION MUST BE FULLY COMPLETED AND SIGNED BEFORE THE APPLICANT CAN BE CONSIDERED FOR EMPLOYMENT

Name: Last _____ First _____ Middle _____ Today's Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Telephone: _____ 2nd Telephone: _____ Email: _____

Emergency Notification: Name: _____ Address: _____ Phone: _____

Their Relationship To You: _____

Type of Position Sought: Professional Clerical Industrial Warehouse Expected Earnings: \$ _____

Were you ever employed by Top Notch before? Y N If Yes, Where and When? _____

Date Available for Work: _____ Are you over 18 years of age? Y N Are you willing to work rotating shifts? Yes No

Relatives now employed by any division of this company: Name _____ Position _____ Relationship _____

** How did you hear about Top Notch? _____

EDUCATION:

	NAME & LOCATION OF SCHOOL:	# YEARS:	DIPLOMA OR DEGREE
HIGH SCHOOL OR GED:			
COLLEGE/UNIVERSITY			
ADVANCED DEGREES:			
OTHER CERTIFICATIONS:			
MILITARY:	BRANCH:	YEARS SVC:	
Did you receive any discharge <i>other than</i> honorable? (If Yes, explain):			

College Majors /Minors: _____

Are you taking any courses now? _____ In what subjects? _____

ADDITIONAL SKILLS (Check all that apply):

Industrial / Warehouse Skills:	<input type="checkbox"/> Forklift	<input type="checkbox"/> Welding	<input type="checkbox"/> CDL	<input type="checkbox"/> Other:	
Clerical Skills:	<input type="checkbox"/> Typing	<input type="checkbox"/> 10-key	<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Windows File Explorer
	<input type="checkbox"/> Quickbooks	<input type="checkbox"/> Other (specify):			
Language Skills:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (specify):		

REFERENCES:

List a minimum of THREE (3) references (may be work or personal). Top Notch may contact any or all references as part of the application process.

Name & Relationship to You:	Company Name/ Location:	Telephone Number:
1.		
2.		
3.		

EMPLOYMENT HISTORY: List most recent employment first, and account for all years of employment. Use a separate page if necessary.

Name of Company:	Dates Employed: <i>from:</i> _____ <i>to:</i> _____
Address:	Pay: <i>starting:</i> \$ _____ <i>ending:</i> \$ _____
Nature of Duties:	Job Title:
Reason for Leaving:	Name of Supervisor:

Ok to contact? Y N

Name of Company:	Dates Employed: <i>from:</i> _____ <i>to:</i> _____
Address:	Pay: <i>starting:</i> \$ _____ <i>ending:</i> \$ _____
Nature of Duties:	Job Title:
Reason for Leaving:	Name of Supervisor:

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Nature of Duties:	Job Title:
Reason for Leaving:	Name of Supervisor:

***** READ CAREFULLY BEFORE SIGNING THIS APPLICANTS' STATEMENT *****

I authorize investigation of all statements contained in this application, including my reason for leaving past jobs, as the employer believes is necessary in arriving at an employment decision. I further authorize all prior employers and other references listed by me to provide any information requested by the employer, and I release all such persons or agencies from liability or damages incurred as a result of requesting or furnishing this information. I understand that pre-employment drug testing and background checks may be required as a condition of employment. I authorize the employer to perform any tests and/or checks as required for my employment.

BACKGROUND INFORMATION:

Have you ever been convicted of (or pled Guilty or No Contest to) a criminal offense? Yes No

If YES, explain and include date, nature of offense, and terms of probation/ parole:

If hired, can you produce evidence of eligibility to work lawfully in the United States for the I-9 Notice, within three (3) days of hire date? Yes No

Social Security #: _____ - _____ - _____ Driver License or ID #: _____ State: _____

I certify that the answers given and the statements on this application are true and complete to the best of my knowledge, and that any falsification of information could adversely affect my employment opportunities.

SIGNATURE: _____ DATE: _____