



APPLICANT INFORMATION

First Name:	Last:	M.I.:	Social Security #	Date:
-------------	-------	-------	-------------------	-------

Street Address: Apt/Unit #:	City:	State:	Zip:
--------------------------------	-------	--------	------

Cell Phone: ()	Cell Carrier:	Land Line: ()	Emergency Cntct: ()
-----------------	---------------	----------------	----------------------

Driver License State & # (or State ID #):

How did you hear about ALL TRADES STAFFING: Referral - Facebook - Internet Search - Website - LinkedIn - Other: _____

What is your means of Transportation? Public Trans - Own Vehicle - Other _____ Reliable? Yes No

HAVE YOU BEEN CONVICTED OF A CRIME? Yes No *****IF YES, ASK FOR BONDING FORM!!**

Education-- HS Diploma - GED - AS Degree - BS Degree - Trade School: _____

Availability:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Day							
Swing							
Mid							

How many lbs. of steady lifting can you do?
0-10 10-20 25-50 50-75 75-100 100+

Have you had any formal training on lifting?
Yes No

DO YOU HAVE THE FOLLOWING?	WORK BOOTS : Yes <input type="checkbox"/> No <input type="checkbox"/> Safety Toed: Yes <input type="checkbox"/> No <input type="checkbox"/>	SAFETY VEST Yes <input type="checkbox"/> No <input type="checkbox"/>	HARD HAT Yes <input type="checkbox"/> No <input type="checkbox"/>	SAFETY GLASSES Yes <input type="checkbox"/> No <input type="checkbox"/>
----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------------------------------------

EMPLOYMENT HISTORY

Company:	Start Date:	End Date:
Job Title:	Supervisor:	Wage:
Address:	Phone #: ()	
Description of Work Performed:		
Reason for Leaving:		

Company:	Start Date:	End Date:
Job Title:	Supervisor:	Wage:
Address:	Phone #: ()	
Description of Work Performed:		
Reason for Leaving:		

Company:	Start Date:	End Date:
Job Title:	Supervisor:	Wage:
Address:	Phone #: ()	
Description of Work Performed:		
Reason for Leaving:		



SKILLS CLASSIFICATIONS

List any other skills, tools or training you have:

Please list in order of preference the type of work you have experience & wanting to perform?

1.	2.	3.
4.	5.	6.

List any Certifications, Special Training, Apprenticeships, Journeyman, UDOT Certs, OSHA?

DISCLAIMER & SIGNATURE

I acknowledge that the information provided on this application is correct to the best of my knowledge. I have received a copy of the employee manual and I understand and agree to the enclosed policies. I understand Drug Testing is required by some of our clients. I understand, agree, and give consent into taking a drug screen if I am assigned to one of these clients. I also understand a background check may be conducted upon signing this application. The background check will encompass criminal history, driving records & employment records. I also give consent for my picture to be add to the Temps+ data base for recognition purposes for All Trades Staffing Services LLC and their Customers/Clients. By providing my Cellular Phone Number and Carrier, I give consent to receive text messages about potential work assignments/messages. I do give my complete written authorization.

SIGNATURE:	DATE:
-------------------	--------------

(OFFICE USE ONLY)

COMMENTS:

--

APP () AWR () WK EXP () ATT () OVRL ()