

**Read Carefully: INSTRUCTIONS AND INFORMATION**

- All Qualified applicants will receive equal opportunity for employment without regard to race, color, religion, sex, age, national origin, national ancestry or handicap.
- Fill in this application in your own handwriting. PLEASE ANSWER OR ACKNOWLEDGE EVERY QUESTION. Do not jeopardize your future by making misstatements.

**PREMIER GROUP**

**CLERICAL/ADMINISTRATIVE APPLICATION**

Driver license number: \_\_\_\_\_

NAME	LAST	FIRST	MIDDLE	DATE	SOC. SEC. #	Date of Birth
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HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	BUS. PHONE	MAY WE CALL YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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POSITION DESIRED	EARNINGS DESIRED \$	HOW WOULD YOU GET TO WORK?	HOW LONG WOULD IT TAKE?
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HOW DID YOU HEAR ABOUT US?	WHEN COULD YOU BEGIN WORK?	smoker? <input type="checkbox"/> NO <input type="checkbox"/> YES	CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COHABITANT'S NAME	OCCUPATION	EMPLOYED AT	BUS. PHONE
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NO. OF DEPENDENTS	<input type="checkbox"/> OWN HOME <input type="checkbox"/> BOARD <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	NO. OF YEARS AT: PRESENT ADDRESS:	NO. OF YEARS AT: PREVIOUS ADDRESS:
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EDUCATION:		ATTENDED		YEAR	DEGREE	SPECIAL SKILLS LEARNED, ACCOMPLISHMENTS
Start with last school attended	City	State	FROM	TO	GRADUATED	

CHECK THOSE MACHINES WITH WHICH YOU POSSESS PROFICIENCY:

ELECTRIC TYPEWRITER: \_\_\_\_\_ WPM     COPIER/DUPLICATOR     MAILING MACHINE     TRANSCRIBER     FAX MACHINE

COMPUTERS: \_\_\_\_\_     ADDING MACHINE     DESKTOP PUBLISHING     FOLDING MACHINE     OTHER: \_\_\_\_\_

CHECK THOSE FUNCTIONS THAT YOU HAVE PERFORMED: SOFTWARE FAMILIARITY, DESCRIBE: \_\_\_\_\_

TYPING     FILING     RECORD KEEPING     BOOKKEEPING     PROCESSING APPLICATIONS OR FORMS

DICTATION     RECEPTIONIST     TRANSCRIBING     SWITCHBOARD     OTHER: \_\_\_\_\_

- ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY:**
- HOW DO YOU FEEL ABOUT WORKING FOR SEVERAL PEOPLE RATHER THAN ONE INDIVIDUAL? \_\_\_\_\_
  - HOW DO YOU FEEL ABOUT A JOB WITH A VARIETY OF ACTIVITIES AS OPPOSED TO ONE FULL-TIME ACTIVITY? \_\_\_\_\_
  - HOW DO YOU FEEL ABOUT BEING INTERRUPTED AND REDIRECTED FROM ONE TASK TO ANOTHER? \_\_\_\_\_
  - HOW DO YOU FEEL ABOUT CONTINUOUS DEADLINE PRESSURE? \_\_\_\_\_
  - HAVE YOU EVER BEEN BONDED? \_\_\_\_\_ IF YES, ON WHAT JOB? \_\_\_\_\_
  - HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES? \_\_\_\_\_  
IF YES, DESCRIBE IN FULL: \_\_\_\_\_
  - IS THERE ANY REASON KNOWN TO YOU WHY YOU MIGHT BE UNABLE TO PERFORM CONSISTANTLY AND PROMPTLY ANY OF THE JOB DUTIES? \_\_\_\_\_  
IF YES, DESCRIBE : \_\_\_\_\_
  - NUMBER OF DAYS MISSED FROM WORK IN THE PAST YEAR DUE TO ILLNESS: \_\_\_\_\_ OTHER: \_\_\_\_\_
  - HAVE YOU RECEIVED COMPENSATION FOR INJURIES? \_\_\_\_\_ IF YES, DESCRIBE: \_\_\_\_\_
  - ARE THERE ANY OUTSIDE ACTIVITES OR OBLIGATIONS THAT PRECLUDE YOU FROM WORKING THE NORMAL WORK WEEK? \_\_\_\_\_  
IF YES, DESCRIBE FULLY: \_\_\_\_\_
  - LIST ANY FRIENDS OR RELATIVES WORKING FOR US: \_\_\_\_\_
  - WHAT KIND OF SUPERVISION ENABLES YOU TO BE MOST PRODUCTIVE? \_\_\_\_\_
  - INTERESTS: TELL US BRIEFLY ABOUT YOURSELF, YOUR AMIBITIONS, QUALIFICATIONS AND REASONS FOR WANTING EMPLOYMENT WITH US: \_\_\_\_\_

## EMPLOYMENT HISTORY

**PRESENT OR LAST POSITION:**

DATES EMPLOYED (MO./YR.) FROM : TO:	COMPANY NAME	ADDRESS	CITY	STATE	ZIP
YOUR POSITION/ TITLE		TYPE OF BUSINESS	WEEKLY SALARY:	AT START	AT LEAVING
			\$		\$
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER	MAY WE CHECK THIS EMPLOYER FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NO, WHY?		
DESCRIBE YOUR WORK DUTIES:					
ACCOMPLISHMENTS:			REASON FOR LEAVING		

**NEXT TO LAST POSITION:**

DATES EMPLOYED (MO./YR.) FROM : TO:	COMPANY NAME	ADDRESS	CITY	STATE	ZIP
YOUR POSITION/ TITLE		TYPE OF BUSINESS	WEEKLY SALARY:	AT START	AT LEAVING
			\$		\$
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER	MAY WE CHECK THIS EMPLOYER FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NO, WHY?		
DESCRIBE YOUR WORK DUTIES:					
ACCOMPLISHMENTS:			REASON FOR LEAVING		

**2ND TO LAST POSITION:**

DATES EMPLOYED (MO./YR.) FROM : TO:	COMPANY NAME	ADDRESS	CITY	STATE	ZIP
YOUR POSITION/ TITLE		TYPE OF BUSINESS	WEEKLY SALARY:	AT START	AT LEAVING
			\$		\$
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE NUMBER	MAY WE CHECK THIS EMPLOYER FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			IF NO, WHY?		
DESCRIBE YOUR WORK DUTIES:					
ACCOMPLISHMENTS:			REASON FOR LEAVING		

**REFERENCES:**

List those people with your school or work (not relatives) that we may contact.

NAME	TITLE/FUNCTION	PHONE #

I HEREBY CERTIFY that my answers to the foregoing are true and accurate. I understand that any misrepresentation of facts on this application is sufficient cause for dismissal if I have been employed. I am willing take physical and other examinations when required. I authorize investigation of all statements contained in this application. I acknowledge that you have advised me that in connection with this application an INVESTIGATIVE CONSUMER REPORT may be requested by you, and that this investigation will include information on my character, general reputation, personal characteristics and mode of living. I hereby authorize your obtaining such an INVESTIGATIVE REPORT. I understand that I have a right to make a request to you to learn the complete nature and scope of the report and that you have established a procedure to provide the same.

SIGNATURE \_\_\_\_\_