



APPLICANT INFORMATION											
First Name:			Last:			M.I.:		Social Security #			Date:
Street Address: Apt/Unit #:				City:	City:		State:	Zip:			
Cell Phone: () Cell Carrier:					Land	Land Line: () En			Eme	mergcy Cntct: ()	
Driver Licens	e State &	# (o	r State	e ID #):	.				I.		
How did you hear about ALL TRADES STAFFING: Referral - Facebook - Internet Search - Website - LinkedIn - Other:											
What is your	What is your means of Transportation? Public Trans − Own Vehicle − Other Reliable? Yes □ No □									able? Yes □ No □	
HAVE YOU BE	EN CON	/ICTE	ED OF A	A CRIME? `	Yes□ N	lo□ ***	*IF Y	ES, ASK FOR	BON	DING FOR	M!!
Education HS Diploma - GED - AS Degree - BS Degree - Trade School:											
<u>Availability:</u>	Mon 1	ue	Wed	Thu Fri	Sat S	un How	/ ma	iny lbs. of ste	eady li	fting can	you do?
Day						0-10 10-20 25-50 50-75 75-100 100+					
Swing						Have	e yo	u had any fo	rmal	training o	n lifting?
Mid							Yes □ No □				
DO YOU HAVE THE FOLLOWING?			WORK BOOTS: Yes I Safety Toed: Yes I					AFETY VEST	HARD HAT Yes □ No □		SAFETY GLASSES Yes □ No □
EMPLOYMENT HISTORY											
DIVERTIMATE AND LOCAL											
Company:						Start Dat	te:			End Date:	:
Job Title: Supervisor: Wage:											
Address:						Phone				Phone #:	()
Description of	of Work P	erfor	med:								
Reason for Le	eaving:										
Company:						Start Date:				End Date:	1
Job Title:						Supervisor:				Wage:	
Address:									Phone #:	()	
Description of Work Performed:											
Reason for Leaving:											
										- ID :	
Company:						Start Dat				End Date:	:
Job Title:						Supervis	or:			Wage:	
Address:										Phone #:	()
Description of	of Work P	erfor	med:								
Reason for Leaving:											



SKILLS CLASSIFICATIONS

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. Ido give my complete written authorization. SIGNATURE: DATE: COFFICE USE ONLY	List any other skills, tools or training	you have:		
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(OFFICE USE ONLY) COMMENTS:	assignments/messages. <u>I do give my com</u>	plete written autho	rization.	
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