

Application

HB Staffing

Last Name First Middle Date				Are you seeking <input type="checkbox"/> Temporary Only <input type="checkbox"/> Temp-Hire/Perm Only <input type="checkbox"/> Consider Either Employment?								
Street Address			Apartment #		Date Available to Start		Circle Days Available M T W T F S S		Hours Available			
City			State		Zip		Ever Worked For A Staffing Service?		Which Ones?		Ok to call for same day assignment? <input type="checkbox"/> Y <input type="checkbox"/> N	
Home Ph		Message Ph		Social Security No.		Names / Cities of Firms Worked for as a Temporary Employee in the last 5 years			A			
Mobile Ph		Email Address				B			C			
Person to Notify in Case of Emergency					Phone			D			E	
City			State			Positions desired		1	2	3		
Are You a Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have use of reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		On a Bus Line? <input type="checkbox"/> Yes <input type="checkbox"/> No		4			5			

Education				Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been disciplined because of a violation of a safety rule? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Circle Highest Grade	Last School Attended		Degree/Major	Graduated	Military Record: Branch:		Yrs:	Dischg Rank:	Exper:	1-9 <input type="checkbox"/>	Resume <input type="checkbox"/>
High School 1 2 3 4											
Trade School 1 2 3											
College 1 2 3 4 5 6											
Other											
How did you find us? <input type="checkbox"/> YP <input type="checkbox"/> Craig's <input type="checkbox"/> Web <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral _____											

PREVIOUS EMPLOYERS	DATES		NAME OF EMPLOYER	CITY/STATE	PHONE #	LAST SUPERVISOR	TYPE OF WORK	HOURLY OR WEEKLY COMPENSATION	REASON LEFT
	From	To							
Include months									
Last position first									

Check Your Skills and Experience Areas – Estimate Your Skill - 1 <input type="checkbox"/> Good 2 <input type="checkbox"/> Average <input type="checkbox"/> 3 Fair (leave blank if no experience)						HB STAFFING USE ONLY	
Clerical	Bookkeeping	Software	Light Indust/Warehouse	Business Sectors	Languages Spoken besides English:	Notes	Evaluation
1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Filing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Data Entry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Customer Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reception ___ 1-3 lines 4-7 ___ 8+ ___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marketing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Project Coord <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Report Creation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sales	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accts Pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accts Rec <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bank Recon <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Collections <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Credit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gen Ledger <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payroll <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trial Balance	<input type="checkbox"/> Access <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint <input type="checkbox"/> Quark Express <input type="checkbox"/> WordPerfect <input type="checkbox"/> Quick Books <input type="checkbox"/> Peachtree <input type="checkbox"/> Mas90 <input type="checkbox"/> Other bkp _____ <input type="checkbox"/> Photoshop <input type="checkbox"/> Illustrator	<input type="checkbox"/> Pulling inventory <input type="checkbox"/> Packing <input type="checkbox"/> Shipping ___ UPS ___ USPS ___ FedEx ___ DHL ___ Other <input type="checkbox"/> Assembly <input type="checkbox"/> Other: <div style="float: right; margin-left: 20px;"> <input type="checkbox"/> PC <input type="checkbox"/> Mac </div>	<input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Distribution <input type="checkbox"/> Transportation <input type="checkbox"/> Communications <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Finance <input type="checkbox"/> Services (Educ, Non profit, Ins, etc.) <input type="checkbox"/> Government <input type="checkbox"/> Other	<input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other MAIN STRENGTHS: Wants: Seasonal/Availability: Personality: <input type="checkbox"/> Back1 <input type="checkbox"/> DB	10-Key _____ Word _____ Excel _____ D E _____ Other _____ Other _____	<div style="border: 1px solid black; width: 50px; height: 30px; float: right;">Desired \$:</div>



2120 Main Street, Suite 260
 Huntington Beach, CA 92648
 714.960.2800 Phone
 714.960.6563 Fax
www.hbstaffing.com

Employee Reference Request

Firm _____ Supervisor _____ Title _____
 Address _____ Phone _____
 _____ FAX _____
 City _____ State _____ Zip _____

I have applied for employment with HB Staffing and request your assistance in providing information to them about my previous employment with you.

You have my permission to provide the following information to HB Staffing only. Further, I hereby release you from any and all claims arising from the disclosure of this information.

Thank you Signature _____ Date _____
 Name _____ Last 4 digits of SS@ _____

[For office use only]

EMPLOYERS: Employment Reference Verification

Position Held _____ Dates of Employment _____
 Employee Title _____ Reason for Leaving _____
 Eligible for Re-Hire? Yes No If No, Why Not? _____

	Excellent	Good	Average	Fair	Poor	Any work related injuries?	Yes	No
Overall Work Performance						If Yes, Explain: _____		
Attendance								
Relationships With Others								
Attitude – Enthusiasm								
Personal Hygiene – Grooming								
Additional Remarks	_____							

Name of Person _____ Title _____ Date _____
 Completing This Form _____

Please FAX completed form directly to HB Staffing
 FAX: (714) 960-6563

Thank you for your prompt response!



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