



SERVICES, INCORPORATED
Application for Employment

"The Service with a Personal Touch" "The Service with a Personal Touch" "The Service with a Personal Touch" "The Service with a Personal Touch"

Please fill out all unshaded areas of application as completely as possible. Incomplete or unsigned applications will not be accepted by A.S.A.P. Services. All applications are the property of A.S.A.P. Services, Inc.

Last name: First name: Initial

Address: Street City State Zip

Phone #: Who's #: Phone #2: Who's #:

Social Security #: Do you have transportation? Type:

Referral Source: Referral name:

Minimum hourly compensation: Date available for work:

Type of work desired: clerical light industrial poultry technical professional other

Duration desired: Temporary Temp-to-Perm Permanent Shift desired: 1 2 3 other:

Willing to work other shifts? Which one(s)? 1 2 3 Company preferred:

Are you willing to consent to a drug test and criminal background check? YES NO

Do you have any necessary information for us to conduct a reference check? YES NO (Address, phone number, dates of employment for last two employers)

Do you have proper form(s) of identification and/or work authorization to prove eligibility to work in the United States with you today? YES NO (see examples below)

Examples of acceptable 1-9 documents

List A

OR

List B

AND

List C

U.S. Passport (unexpired or expired)

Certificate of U.S. Citizenship (INS form N-560 or N-561)

INS employment authorization (unexpired only)

Driver's License or ID card from state or federal govt.

School ID card with photo (current students only)

Voters registration card

Social Security card issued by the SS Administration only

U.S. Birth Certificate (original or certified copy only)

U.S. Citizen ID card

(Ask A.S.A.P. Services Representative about other acceptable documents)

OFFICE USE ONLY

Status (New or Update): Notes/Comments: Interviewer: Branch:

**Job History:**

List your last two jobs beginning with the most recent first. Include as much information as possible.

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Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street/City State Zc

Phone: \_\_\_\_\_ Hourly pay rate: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Your position: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street/City State Zc

Phone: \_\_\_\_\_ Hourly pay rate: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Your position: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Reference Authorization:**

I hereby authorize the release of all information pertaining to my previous employment, medical history, criminal background, and, if applicable, credit history to A.S.A.P. Services, Inc. I agree to hold free from blame any agency, organization, company or individual providing such information should this disqualify me from employment through A.S.A.P. Services, Inc. or any of its clients.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Conditional Employment Offer**

Based on the information provided to A.S.A.P. Services, Inc. in this employment application, we are pleased to make you a conditional offer of employment. This conditional offer of employment is valid for 90 days from the date of this application. After 90 days, you will be required to complete a new application to be considered for employment through A.S.A.P. Services, Inc.

This conditional offer for employment may be withdrawn for the following reasons: If A.S.A.P. Services, Inc. is unable to obtain favorable reference information regarding your previous employment history, if it is determined that any information you have listed is inaccurate or untrue, if you violate any of the conditions listed in the "Temporary Employee Orientation Manual" or if you behave in a rude or violent manner with any client, employee or representative of A.S.A.P. Services.

Your signature below indicates that you have read, or have had read to you, and agree to the terms and conditions of this conditional offer of employment.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

A.S.A.P. Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_

***Please complete the "Employee Information Packet"***