



Staffing Plus
Springfield, MO

Request for Employment

Personal Information

Full Name: _____
Last *First (Preferred in Parenthesis)* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ How did you hear about us? _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Previous Employment History

Company: _____ Job Title: _____

Supervisor (Name & Title): _____ Department: _____

Location (Address): _____ Job Duties: _____

Phone: () _____ Starting & Ending Wage: \$ _____

Start Date: _____ End Date? _____

May we contact this employer as a reference? _____

Company: _____ Job Title: _____

Supervisor (Name & Title): _____ Department: _____

Location (Address): _____ Job Duties: _____

Phone: () _____ Starting & Ending Wage: \$ _____

Start Date: _____ End Date: _____

May we contact this employer as a reference? _____



Company: _____ Job Title: _____
 Supervisor (Name & Title): _____ Department: _____
 Location (Address): _____ Job Duties: _____

 Phone: () _____ Starting & Ending Wage: \$ _____
 Start Date: _____ End Date: _____

May we contact this employer for a reference? _____

Education History

High School: _____ Address: _____
 Graduation: _____ City, State, ZIP: _____
(Graduation Month & Year or Last Date Attended)

Please list the name of the school and the type of school (community college, trade school, etc.) on the "School" line

School: _____ Address: _____
 Graduation: _____ City, State, ZIP: _____
(Graduation Month & Year or Last Date Attended)

School: _____ Address: _____
 Graduation: _____ City, State, ZIP: _____
(Graduation Month & Year or Last Date Attended)

Availability

Employment Type Seeking: _____
Choose from Full Time (21-40 Hours/Week), Part Time (0-20 Hours/Week), or Seasonal

Are you willing to work in a temporary placement position? _____

When are you available to start? _____
Month / Day / Year

Are you willing to work overtime? _____

What pay rate do you require? _____

How many miles are you willing to travel? _____

If a position is offered to you, how much notice do you require? _____

Daily Availability Chart

Please place an "X" in each time period that you are available to work.

	Anytime	Mornings	Afternoons	Evenings	Overnight	If Necessary	Not Available
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

In your email or fax, please explain what positions you would be interested in working.

I agree to and understand that applicants may be tested for illegal drug use.

Initial: _____ Date: _____

I hereby affirm that the information I have provided on this form is true and complete. I understand that providing false, incomplete, or misleading information to the company will result in the cancellation of this form and dismissal from or refusal of employment.

Initial: _____ Date: _____

Please remember to save this form on YOUR computer and email it to ejohnson@staffingplus.org or fax it to (417) 865-5060.