

# CANSTAFF EMPLOYMENT SERVICES EMPLOYMENT APPLICATION

Full Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Position Desired: \_\_\_\_\_ Full-Time  Part-Time  Either

Emergency Contact (Name & Phone #) \_\_\_\_\_

**SHIFTS AVAILABLE TO WORK:** Days  Swing Shift  Graveyard  Weekends

### EDUCATION

**High School (Select One):** Diploma Awarded  GED Completed  Not Completed

School/Location: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

**College/Trade School :** Bachelors  Associates  Certificate  Not Completed

School/Location: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

School/Location: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

School/Location: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

X	OFFICE SKILLS	Microsoft Office Suite	X	MEDICAL SKILLS	X	LABOR/CONSTRUCTION
	Typing : WPM _____	<b>B = Basic</b> <b>I = Intermediate</b> <b>A = Advanced</b>  <b>Enter B, I or A Next</b> <b>↓ To Each Below</b>		Phone Triage		Fork Lift
	Ten Key			Medical Records		Welding & Fabrication
	Multi-Line Phones: # of Lines _____			Vitals		Warehouse
	Appointment Scheduling			Patient History		Heavy Lifting
	Accounts Receivable			Injections		Drywall
	Accounts Payable			Venipuncture		Framing
	Payroll			Phlebotomy		Painting ( Int / Ext )
	Collections			IV Therapy		Roofing
	Cashier			Blood Counts		Concrete
	Shipping /Logistics			Urinalysis		Production / Assembly
X	<b>SOFTWARE SKILLS</b>		Holter Monitor		Manufacturing	
	Medical Manager		Limited X-Ray		Plumbing	
	Nextgen		Radiology		Electrical	
	QuickBooks		MT or MLT		<b>Other Skills (List Below)</b> _____ _____	
	<b>LANGUAGES (List Below)</b>		Medical Transcription			
			Billing & Coding			

Desired Wage \$ \_\_\_\_\_ Per Hour & Minimum Wage You Will Accept \$ \_\_\_\_\_ Per Hour

Will you work in a smoke free office? Yes  No  Date able to start work \_\_\_\_\_

### Benefits Required (Please check all that apply)

None  Medical  Dental  Vacation  Retirement  Education  Other

# EMPLOYMENT HISTORY (Start with last or current employer)

Start Date \_\_\_\_\_ Last or Present Employer \_\_\_\_\_  
End Date \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact this employer? Yes  No   
Were you terminated? Yes  No  Reason for Leaving: \_\_\_\_\_  
\*\*\*\*\*

Start Date \_\_\_\_\_ Previous Employer \_\_\_\_\_  
End Date \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact this employer? Yes  No   
Were you terminated? Yes  No  Reason for Leaving: \_\_\_\_\_  
\*\*\*\*\*

StartDate \_\_\_\_\_ Previous Employer \_\_\_\_\_  
End Date \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact this employer? Yes  No   
Were you terminated? Yes  No  Reason for Leaving: \_\_\_\_\_  
\*\*\*\*\*

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your mode of transportation? : \_\_\_\_\_

Do you have a valid Driver's License: Yes  No  State: \_\_\_\_\_

How far are you willing to commute for work: Miles: \_\_\_\_\_ Minutes \_\_\_\_\_

## References (Professional References Preferred)

Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

I understand that misrepresentation or omission of facts called for in this application or the presentation of false or misleading documents, certificates, or licenses will be sufficient cause for cancellation of consideration for employment or dismissal from employment. I hereby give my consent for employee(s) of CanStaff Employment Services to obtain a criminal back ground check (State and/or Federal) and to contact my references for the purpose of verifying my work history and obtaining statements from past/present employers, co-workers, and/or subordinates that pertains to my work habits, attitudes, and reliability (except actions that will adversely affect my present employment). I further consent to the release of the information obtained to potential employers. I release CanStaff Employment Services and its employees from all liability as it relates to the above actions.

I, the undersigned applicant, authorize CanStaff Employment Services to represent me to their clients for employer paid positions only. I understand I am under no financial responsibility to the service, nor will there be any financial responsibility on my part to the employer.

\_\_\_\_\_  
Applicant's Signature Date CanStaff Employment Services Date