

# 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 (Circle One)**      **Diploma Awarded**      **GED Completed**      **Not Completed**  
 School/Location: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

**College/Trade School (Circle One)**      **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>		Phone Triage		Fork Lift
	Ten Key	<b>I = Intermediate</b>		Electronic Medical Records		Welding & Fabrication
	Multi-Line Phones: # of Lines _____	<b>A = Advanced</b>		Vitals		Warehouse
	Appointment Scheduling	<b>Enter B, I or A Next ↓ To Each Below</b>		Patient History		Heavy Lifting
	Accounts Receivable			Injections		Drywall
	Accounts Payable	Outlook		Venipuncture		Framing
	Payroll	Word		Phlebotomy		Painting ( Int / Ext )
	Collections	Excel		IV Therapy		Roofing
	Cashier	PowerPoint		Blood Counts		Concrete
	Shipping/Logistics	Access		Urinalysis		Production / Assembly
<b>X</b>	<b>SOFTWARE SKILLS</b>	Publisher		Holter Monitor		Manufacturing
	Epic	WordPress		Limited X-Ray		Plumbing
	Nextgen	<b>Other Skills/Certificates</b>		Radiology		Electrical
	Quickbooks	_____		MT or MLT		<b>Other Skills (List Below)</b>
	<b>LANGUAGES (List Below)</b>	_____		Medical Transcription		_____
	_____	_____		Billing & Coding		_____

Date able to start work \_\_\_\_\_

How did you hear about us?: Craigslist  Facebook  iMatch  indeed  Other: \_\_\_\_\_

**EMPLOYMENT HISTORY (Start with last or current employer)**

Start Date \_\_\_\_\_ Last or Present Employer \_\_\_\_\_

End Date \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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