

DAVIS-SMITH, INC.

EMPLOYMENT APPLICATION

Please type or print

NAME (Last)	(First)	(M)	DATE
CURRENT ADDRESS			SOCIAL SECURITY NO.
CITY	STATE	ZIP	HOME PHONE ()
MAIN CROSS STREETS		ALTERNATE NUMBER ()	PAGER NUMBER ()
PLEASE LIST NUMBER AND EXPIRATION DATE OF PROFESSIONAL LICENSES AND REGISTRATIONS →			

HOW SOON CAN YOU BEGIN A NEW JOB?	HOURS AVAILABLE:	SHIFTS AVAILABLE: DAY AFTERNOON NIGHT WEEKEND
I AM INTERESTED IN:	PERMANENT OPPORTUNITIES <input type="checkbox"/> TEMPORARY OPPORTUNITIES <input type="checkbox"/>	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		LOWEST ACCEPTABLE SALARY?

HOW DID YOU HEAR ABOUT US? YELLOW PAGES DETROIT NEWS OTHER _____	HAVE YOU REGISTERED WITH US BEFORE? WHEN?	DID WE PLACE YOU? WHERE?
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HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, FOR WHAT OFFENSE?	NO	YES
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PLEASE TELL US WHY YOU FEEL YOU HAVE SOMETHING EXTRA TO OFFER?

EDUCATION/TRAINING

	NAME	DIPLOMA/DEG	MAJOR	GRADE PT.
HIGH SCHOOL				
TRADE/TECHNICAL				
JR. COLLEGE				
COLLEGE/UNIVERSITY				
POST GRAD				

LIST WORK HISTORY ON OTHER SIDE

REFERENCES

PLEASE LIST YOUR LAST 4 EMPLOYERS (begin with most recent)

NAME OF ORGANIZATION		YOUR TITLE	SALARY	PHONE
ADDRESS		CITY/STATE/ZIP		SUPERVISOR
TYPE OF ORGANIZATION	DATES OF EMPLOYMENT _____ TO _____	REASON FOR LEAVING		
NAME OF ORGANIZATION		YOUR TITLE	SALARY	PHONE
ADDRESS		CITY/STATE/ZIP		SUPERVISOR
TYPE OF ORGANIZATION	DATES OF EMPLOYMENT _____ TO _____	REASON FOR LEAVING		
NAME OF ORGANIZATION		YOUR TITLE	SALARY	PHONE
ADDRESS		CITY/STATE/ZIP		SUPERVISOR
TYPE OF ORGANIZATION	DATES OF EMPLOYMENT _____ TO _____	REASON FOR LEAVING		
NAME OF ORGANIZATION		YOUR TITLE	SALARY	PHONE
ADDRESS		CITY/STATE/ZIP		SUPERVISOR
TYPE OF ORGANIZATION	DATES OF EMPLOYMENT _____ TO _____	REASON FOR LEAVING		

LIST 3 PERSONAL REFERENCES (NOT RELATED)

NAME	ADDRESS	OCCUPATION	PHONE #	YRS. KNOWN
1. _____				
2. _____				
3. _____				

I authorize and request all persons, businesses, professional organizations, certifying organizations and licensing boards to release any requested information to Davis-Smith related to verification of employment, academic achievement, professional certifications and licensures, general background and personal character. All information will be proprietary and kept confidential and will not be provided to any parties other than representatives of this company, and when applicable, to representatives of the client company where employment is being considered. I am aware that I have the right to request the nature and scope of the results and preparation of any reports concerning myself or my background. I authorize a photostat of this release to be considered as effective and valid as the original. I hereby declare that the answers to the questions on my application and any attachments to same are true and correct and that any misstatement of fact or omission may form the basis for rejection of my application or for my dismissal after employment.

I have read or had read to me this release form and I understand, consent and agree to authorize the execution of this release in full by my signature on this date.

Signature _____ **Date** _____