

EMPLOYMENT APPLICATION

ACCEPTING APPLICATIONS ON TUESDAYS AND THURSDAYS ONLY – 9 AM TO 4 PM OR BY APPOINTMENT

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

DATE AVAILABLE: _____ SSN: _____ DESIRED SALARY: _____

POSITION APPLIED FOR: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO | IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR TASKE FORCE, INC. IN THE PAST? YES NO | IF SO, WHEN? _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO | ARE YOU CURRENTLY EMPLOYED? YES NO

EDUCATION HISTORY

HIGH SCHOOL/GED: _____ ADDRESS: _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO DEGREE: _____

COLLEGE/TECH: _____ ADDRESS: _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO DEGREE: _____

PRODUCTION/CONSTRUCTION SKILLS

SKILLED	FACTORY	EQUIPMENT	WAREHOUSE	FULL-TIME:
<input type="checkbox"/> General Labor	<input type="checkbox"/> Production Line	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Computer Skills	Yes or No
<input type="checkbox"/> Concrete	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Receiving	Yes or No
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Quality Control	<input type="checkbox"/> Outside Forklift	<input type="checkbox"/> Shipping	Yes or No
<input type="checkbox"/> Plumber	<input type="checkbox"/> Packaging	<input type="checkbox"/> Crane	<input type="checkbox"/> Load/Unload	Yes or No
<input type="checkbox"/> Electrician	<input type="checkbox"/> Inspector	<input type="checkbox"/> Drill	<input type="checkbox"/> Hand Jack	Yes or No
<input type="checkbox"/> Welder	<input type="checkbox"/> Tape Measure	<input type="checkbox"/> Saw	<input type="checkbox"/> Forklift	Yes or No
<input type="checkbox"/> HVAC	<input type="checkbox"/> Micrometer	<input type="checkbox"/> Nail Gun	<input type="checkbox"/> Inventory	Yes or No
<input type="checkbox"/> Machinist	<input type="checkbox"/> Caliper	<input type="checkbox"/> Jack Hammer		
<input type="checkbox"/> Demolition				
<input type="checkbox"/> Mechanic				
<input type="checkbox"/> Construction				
<input type="checkbox"/> Painter				
<input type="checkbox"/> Heights				
MAINTENANCE	SUPPLIES AVAILABLE		DRIVERS LICENSE	PART-TIME:
<input type="checkbox"/> Building Repair	<input type="checkbox"/> Gloves	<input type="checkbox"/> License	<input type="checkbox"/> CDL-A	Yes or No
<input type="checkbox"/> Machine Repair	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> CDL-B	<input type="checkbox"/> CDL-B	Yes or No
<input type="checkbox"/> Floor Care	<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> CDL-C	<input type="checkbox"/> CDL-C	Yes or No
<input type="checkbox"/> Landscape	<input type="checkbox"/> Tools	<input type="checkbox"/> Tractor Trailer	<input type="checkbox"/> Tractor Trailer	Yes or No
<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Fluorescent Vest	<input type="checkbox"/> Delivery Truck	<input type="checkbox"/> Delivery Truck	Yes or No
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Delivery Van	<input type="checkbox"/> Delivery Van	Yes or No
<input type="checkbox"/> Hotel Cleaning		<input type="checkbox"/> Transportation	<input type="checkbox"/> Transportation	Yes or No
				OVERTIME: Yes or No
				HOURS/WEEK: _____
				SHIFT PREFERENCE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



PREVIOUS EMPLOYMENT

COMPANY: _____ ADDRESS: _____ PHONE: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

COMPANY: _____ ADDRESS: _____ PHONE: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

COMPANY: _____ ADDRESS: _____ PHONE: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

REFERENCES

Please list three references. Do not include any relatives.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

EEO STATEMENT

Taske' Force, Inc. provides equal opportunities to all employees and applicants for employment without regard to race, color, religion, sex, origin, age, marital status, citizenship, disability, status or any other protected status. The policy governs all areas of employment at Taske' Force, Inc., including recruiting, hiring, assignments, promotions, compensation, benefits, discipline and terminations.

AGREED UPON CONDITIONS OF EMPLOYMENT

I hereby authorize Taske Force, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including records maintained by both public and private organizations for the purpose of confirming the information contained on my application. I agree to submit a drug screen upon request and release Taske Force, Inc. and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. I understand that employment by Taske Force, Inc. is "at-will," meaning that either I or Taske Force, Inc. can terminate employment relations at any time.

The following is my true and complete legal name and all information provided is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

REFERRED BY: _____

TASKE FORCE, INC. - OFFICE USE ONLY

TF: 1 2 3 4

Court records:

Child Support: Yes No