



ANCHOR PERSONNEL SERVICES, INC

156 E. Spring Valley Road, Dayton, Ohio 45458

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CSR@anchorpersonnelservices.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	HOME PHONE
STREET ADDRESS				APT #	ALTERNATE PHONE
CITY		STATE	ZIP CODE		SOCIAL SECURITY NUMBER
TOWNSHIP		COUNTY			ARE YOU 18 YEARS OR OLDER?
E-MAIL ADDRESS					<input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION AND EMPLOYMENT DESIRED

POSITION	EVER APPLIED WITH ANCHOR BEFORE?	EVER WORKED THROUGH ANCHOR BEFORE?	REFERRED BY: <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> INTERNET <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER
START DATE		IF YES, WHEN?	
SALARY DESIRED	IF YES, WHEN?	WHERE?	
SHIFT DESIRED <input type="checkbox"/> 1 ST SHIFT <input type="checkbox"/> 2 ND SHIFT <input type="checkbox"/> 3 RD SHIFT HOURS DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		NAME OF SUPERVISOR	REASON FOR LEAVING

EDUCATION

HIGH SCHOOL	LOCATION	DATES ATTENDED	DEGREE
COLLEGE/TRADE SCHOOL	LOCATION	DATES ATTENDED	DEGREE
COLLEGE/TRADE SCHOOL	LOCATION	DATES ATTENDED	DEGREE

GENERAL

SERVICE RECORD	BRANCH OF SERVICE	RANK	DISCHARGE DATE
SPECIAL AREAS OF STUDY/RESEARCH			
SPECIAL SKILLS TRAINING		VOLUNTEER ORGANIZATIONS	

EMPLOYMENT/WORK HISTORY – MOST RECENT FIRST PLEASE

NAME OF PRESENT/LAST EMPLOYER			IMMEDIATE SUPERVISOR
STREET ADDRESS			SUPERVISOR'S TITLE
CITY	STATE	ZIP CODE	SUPERVISOR'S PHONE #
JOB TITLE	START	LEAVE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
STARTING SALARY \$ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			FINAL SALARY \$ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			IMMEDIATE SUPERVISOR
STREET ADDRESS			SUPERVISOR'S TITLE
CITY	STATE	ZIP CODE	SUPERVISOR'S PHONE #
JOB TITLE	START	LEAVE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
STARTING SALARY \$ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			FINAL SALARY \$ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			IMMEDIATE SUPERVISOR
STREET ADDRESS			SUPERVISOR'S TITLE
CITY	STATE	ZIP CODE	SUPERVISOR'S PHONE #
JOB TITLE	START	LEAVE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
STARTING SALARY \$ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR		FINAL SALARY \$ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	
DESCRIPTION OF WORK			

REASON FOR LEAVING

PRIOR CONVICTIONS

HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A FELONY OR A MISDEMEANOR WITHIN THE PAST 7 YEARS?

YES NO

IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.
PLEASE INCLUDE ALL TRAFFIC VIOLATIONS, EXCEPT SPEEDING TICKETS.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?
(WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION).

YES NO

REFERENCES – MUST BE UNRELATED, AND MUST HAVE KNOWN YOU FOR 1 YEAR PLUS

NAME	BUSINESS	BUSINESS PHONE #
TITLE	BUSINESS ADDRESS	ALTERNATE PHONE #
TYPE OF BUSINESS	CITY STATE ZIP	YEARS ACQUAINTED

NAME	BUSINESS	BUSINESS PHONE #
TITLE	BUSINESS ADDRESS	ALTERNATE PHONE #
TYPE OF BUSINESS	CITY STATE ZIP	YEARS ACQUAINTED

NAME	BUSINESS	BUSINESS PHONE #
TITLE	BUSINESS ADDRESS	ALTERNATE PHONE #
TYPE OF BUSINESS	CITY STATE ZIP	YEARS ACQUAINTED

EMERGENCY CONTACTS

NAME	DAYTIME PHONE
STREET ADDRESS	ALTERNATE PHONE
CITY STATE ZIP	RELATION

NAME	DAYTIME PHONE
STREET ADDRESS	ALTERNATE PHONE
CITY STATE ZIP	RELATION

CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGEMENTS

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL PREVENT ME FROM BEING CONSIDERED FOR EMPLOYMENT AND, IF EMPLOYED, SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE ANCHOR PERSONNEL SERVICES, INC (ANCHOR) FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I ALSO UNDERSTAND AND AGREE THAT:

- 1) NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIODS OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE TERMS CONTAINED HEREIN, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.
- 2) ANY EMPLOYMENT ARISING OUT OF THIS APPLICATION IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.
- 3) AS A CONDITION OF MY EMPLOYMENT, I MUST CONTACT/INQUIRE FOR WORK WITH ANCHOR FOR AVAILABLE WORK UPON THE CONCLUSION OF EACH WORK ASSIGNMENT. IF SUITABLE WORK ASSIGNMENTS ARE AVAILABLE WITH ANCHOR PERSONNEL SERVICES, INC. UPON CONCLUSION OF A WORK ASSIGNMENT AND I FAIL TO INQUIRE ABOUT ANOTHER WORK ASSIGNMENT, I WILL BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS TO WHICH I OTHERWISE MAY BE ENTITLED.
- 4) I WILL BE REPORTING TO WORK AT THE PREMISES OF ANCHOR'S CLIENTS. WHILE ANCHOR TAKES ALL REASONABLE MEASURES TO ENSURE THAT CLIENT'S PREMISES ARE COMPLIANT WITH ALL APPLICABLE HEALTH AND SAFETY REGULATIONS, IT IS MY RESPONSIBILITY TO NOTIFY ANCHOR OF ANY CONCERNS AND I WILL HOLD ANCHOR HARMLESS IN THE EVENT OF ANY INJURY AND/OR HEALTH ISSUES IN THE WORKPLACE THAT ARISE OUTSIDE THE OFFICES OF ANCHOR.

SIGNATURE _____ **DATE** _____