EDUCATION

GRADUATED

HIGH SCHOOL NAME _____ ADDRESS _____ ☐YES ☐NO

COLLEGE _____ ADDRESS _____ ☐YES ☐NO

TECHNICAL _____ ADDRESS _____ ☐YES ☐NO

YEAR GRADUATED _____ DEGREE _____ MAJOR _____

DO YOU SPEAK ANY OTHER LANGUAGES? ☐YES ☐NO WHAT LANGUAGES: _____ _____ _____

Assembly	Technicians	Quality Control	Machine Operators	Warehouse	Shipping & Receiving	Miscellaneous
☐Mechanical	☐Mechanical	☐Testing Mechanical	☐CNC	☐Loading/Unloading	☐UPS	☐Auto Repair
☐Electrical	☐Electronic	☐Testing Electrical	☐Screw Machine	☐Packer	☐Fed-Ex	☐Auto Body
☐Wire Harness	☐Chemical	☐Parts Inspection	☐Plating	☐Material	☐Computerized	☐Heavy Equipment
☐P.C. Board		☐Chemical Inspection	☐Polishing	☐Stock	☐Air Freight	☐Landscaping
☐Soldering		☐Layout Inspection	☐Lathes ☐Set-Up	☐Inventory	☐Bill of Lading	☐Truck Driver
		☐Visual Inspection	☐Grinding	☐Shipper	☐UPS On-Line	☐Janitor
			☐Punch Press	☐Receiver		☐Housekeeping
			☐Injection Molding	☐Order Picker		☐Sewing
			☐Extrusion			☐Papercutting/Guillotine
			☐Turning			☐Press Operator
			☐Drilling			☐Bookbinder/Hand Machine
						☐Layout & Design
						☐Desktop Publishing
						☐Bindery ☐Silk Screening
						☐Heat Sealing
						☐BluePrints

FORKLIFT

Do you have a valid forklift certification: ☐YES ☐NO

Which forklifts are you certified on

☐Reach ☐Hi-Lo ☐Electric

☐Cherry Picker ☐Propane

☐Stand-Up ☐Sit Down

Do you have any computer skills:

☐Yes ☐No

What computer programs do you know:

_____ _____

CHECK ONLY THE SKILLS IN WHICH YOU HAVE EXPERIENCE

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

► **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010

2009

1 Type or print your first name and middle initial | Last name | 2 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3 Marital status ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply) . . . 4

5 Additional amount, if any, you want deducted from each pay . . . 5 $

6 I claim exemption from withholding and I certify that I meet **ALL** of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $550 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter the year effective and "EXEMPT" here . . . ► 6 19

7 Are you a full-time student? (**Note:** *Full-time students are not automatically exempt.*) . . . 7 ☐ Yes ☐ No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► **Date** ► , 20

8 Employer's name and address (**Employer:** Complete 8 and 10 **only if sending to IRS**) | 9 Office code (optional) | 10 Employer identification number

OFFICE USE ONLY

NAME-FIRST	MIDDLE	LAST	ARE YOU INTERESTED IN: TEMP ☐ TEMP TO HIRE ☐ DIRECT HIRE ☐ (CHECK ALL THAT APPLY)
SOCIAL SECURITY NUMBER	EMAIL ADDRESS		HOURS YOU ARE AVAILABLE TO WORK / MAXIMUM DISTANCE TO COMMUTE
STREET ADDRESS		APT.#	DESIRED HOURLY WAGE: / MINIMUM HOURLY WAGE CONSIDERED
CITY	STATE	ZIP	POSITION DESIRED: / MEANS OF TRANSPORTATION TO WORK
HOME PHONE	CELL OR PAGER		ARE YOU A STUDENT ☐YES ☐NO / DO YOU HAVE USE OF AUTO ☐ YES ☐NO / US CITIZEN ☐YES ☐NO / HAVE YOU BEEN CONVICTED OF A FELONY? ☐YES ☐NO
PERSON TO NOTIFY IN CASE OF EMERGENCY RELATIONSHIP	PHONE		LIFTING CAPACITY (CIRCLE MAXIMUM POUNDS) 0 TO 25 - 26 TO 50 - 51 TO 75 - 76 & UP
ADDRESS	CITY		HOW WERE YOU REFERRED? ☐YELLOW PAGES NEWSPAPER _____ INTERNET:_____ FRIEND:_____ OTHER_____

PERMANENT EMPLOYMENT HISTORY

DATES FROM - TO	NAME OF EMPLOYER	CITY - STATE	PHONE NO.	SUPERVISOR	POSITION HELD	SALARY	REASON FOR LEAVING

LIST THE STAFFING SERVICES FOR WHICH YOU WORKED

TEMPORARY EMPLOYMENT HISTORY

DATES FROM - TO	STAFFING SERVICE	CITY - STATE	CO. WHERE ASSIGNED	PAY RATE	POSITION HELD