

Interview Challenge Application

PERSONAL INFORMATION									
Social Security Number: Do not complete		Name - First:		M.I.:	Name - Last:				
Address—Street: Do not complete		Apt. #	City:	State:	Zip Code:				
Home Phone Number: (Do not complete	Alternate Phone Number: (Do not complete	Birthday (month/day): ____/____ Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about the job? <input type="checkbox"/> Walk in <input type="checkbox"/> Career Connections <input type="checkbox"/> Classified Advertising <input type="checkbox"/> Flyer/Poster/Etc. <input type="checkbox"/> Government Agency <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair/Open House <input type="checkbox"/> Radio <input type="checkbox"/> Referral <input type="checkbox"/> Renaissance Program <input type="checkbox"/> Subcontractor <input type="checkbox"/> TV <input type="checkbox"/> Yellow Pages					
Maximum travel miles? _____ Maximum travel minutes? _____			Desired geographic area? _____						
			Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SKILLS: Check only those boxes for which you have experience and you are willing to perform on assignment with or without reasonable accommodation.									
General Work Experience <input type="checkbox"/> Drafting <input type="checkbox"/> Driver <input type="checkbox"/> Food Service <input type="checkbox"/> Forklift Operator-Certified experience: ____ months/yrs <input type="checkbox"/> Inventory <input type="checkbox"/> Labor <input type="checkbox"/> Lifting 0-10 lbs all day long <input type="checkbox"/> Lifting 11-25 lbs all day long <input type="checkbox"/> Lifting 26-50 lbs all day long <input type="checkbox"/> Stock Room <input type="checkbox"/> Supervisor <input type="checkbox"/> Ticker <input type="checkbox"/> Wrapper <input type="checkbox"/> Welding		Mailroom/Shipping/Freight Forwarding <input type="checkbox"/> Delivery/Messenger <input type="checkbox"/> Express/Overnight (e.g. Fed Ex, UPS) <input type="checkbox"/> Labeling <input type="checkbox"/> Mail Machine Operation <input type="checkbox"/> Mailroom <input type="checkbox"/> Postage Machine/Scale <input type="checkbox"/> Ship by Rail <input type="checkbox"/> Ship by Truck <input type="checkbox"/> Sort by Hand <input type="checkbox"/> Sort by Machine <input type="checkbox"/> Other _____ Maintenance <input type="checkbox"/> Carpet/Floor Maintenance <input type="checkbox"/> Janitorial/Housekeeping <input type="checkbox"/> Lawn Work <input type="checkbox"/> Painting		Manufacturing <input type="checkbox"/> Assembly <input type="checkbox"/> Inspecting <input type="checkbox"/> Machine Operation <input type="checkbox"/> Plastic Mold Injection <input type="checkbox"/> Other _____ Printroom/Copyroom <input type="checkbox"/> Bindery <input type="checkbox"/> Blueprint <input type="checkbox"/> Collating/Decollating <input type="checkbox"/> Copy Machine <input type="checkbox"/> Cutting <input type="checkbox"/> Document Processor <input type="checkbox"/> Gathering <input type="checkbox"/> Offset <input type="checkbox"/> Typesetting Records Management <input type="checkbox"/> COM <input type="checkbox"/> Camera Operator – Planetary		<input type="checkbox"/> Camera Operator – Rotary <input type="checkbox"/> Coding <input type="checkbox"/> Destruction <input type="checkbox"/> Document Preparation <input type="checkbox"/> Indexing <input type="checkbox"/> Labeling <input type="checkbox"/> Microfiche <input type="checkbox"/> OCR Processing <input type="checkbox"/> Reader <input type="checkbox"/> Retrieval <input type="checkbox"/> Scanning Safety Equipment Personally Owned <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Shoes – Hard Sole <input type="checkbox"/> Safety Shoes – Steel Toed <input type="checkbox"/> Work Clothes		Warehouse <input type="checkbox"/> Automatic Labeling <input type="checkbox"/> Data Entry/Retrieval <input type="checkbox"/> Load/Unload <input type="checkbox"/> Material Handler <input type="checkbox"/> Order Picker/Packer <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Receiving <input type="checkbox"/> Shipping <input type="checkbox"/> Stocking Languages <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	
Minimum pay required? \$			Have you ever applied for employment at this company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No						
The questions listed below are requested by the Federal Government for reporting purposes only:									
Are you a military spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are you a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No									
AVAILABILITY & EMERGENCY INFORMATION									
Date available to start work? <input type="checkbox"/> Today <input type="checkbox"/> Future Date _____			What days of the week are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday						
Part Time Shift Availability: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Highest Education Completed: <input type="checkbox"/> No High School Diploma <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational <input type="checkbox"/> Associate Degree		Full Time Shift Availability: <input type="checkbox"/> Day (1st Shift) <input type="checkbox"/> Swing (2nd Shift) <input type="checkbox"/> Graveyard (3rd Shift) <input type="checkbox"/> Split Shift					
		Emergency Contact Name:							
		Emergency Contact Number: ()							

Employment History

Please provide your past employment information starting with your most recent experience. If you do not have work experience, or if your experience is in another country, please provide the name and number of a personal reference such as a teacher or coach.

Company:		Address—Street & Apt. #:		City	State, & Zip Code:
Phone Number: () --	Date From:	Date To:	Hourly Pay Rate or Salary \$	May we contact this company during the reference check process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Title	Responsibilities			Reason for Leaving:	
Supervisor	Department		Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		

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