

Candidate Application



Fax completed application to Breathe Easy Staffing Solutions, LLC fax (518) 280-8932.

Applicant Information

Full Name _____ Date: _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State ZIP Code

Phone (____) _____ - _____ E-mail Address _____

Date Available _____ Social Security No. _____

Desired Salary \$ _____ Position Applied for _____

How did you hear about us? _____

Are you looking for permanent or temporary placement? Temporary Permanent

Are you a citizen of the United States? Y N If no, are you authorized to work in the U.S.? Y N

Are there specific days of the week you can work? Y N

<input type="checkbox"/> Monday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____
<input type="checkbox"/> Thursday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____
<input type="checkbox"/> Friday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____
<input type="checkbox"/> Saturday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____
<input type="checkbox"/> Sunday	<input type="checkbox"/> Available Anytime	<input type="checkbox"/> Only Available	From: _____	To: _____

Have you ever been convicted of a felony? Y N

If yes, explain _____

Education

High School _____ Address _____
 From _____ To _____ Did you graduate? Yes No Degree _____

College _____ Address _____
 From _____ To _____ Did you graduate? Yes No Degree _____

Other _____ Address _____
 From _____ To _____ Did you graduate? Yes No Degree _____

References

Please list three professional references.

Full Name _____ Relationship _____
 Company _____ Phone (____) _____ - _____

Full Name _____ Relationship _____
 Company _____ Phone (____) _____ - _____

Full Name _____ Relationship _____
 Company _____ Phone (____) _____ - _____

Previous Employment

Company _____ Phone (____) _____ - _____
Supervisor _____ Job Title _____
Address _____
Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

Company _____ Phone (____) _____ - _____
Supervisor _____ Job Title _____
Address _____
Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

Company _____ Phone (____) _____ - _____
Supervisor _____ Job Title _____
Address _____
Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

Military Service

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ *Date*

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