

LAST NAME	FIRST	MIDDLE	DATE _____	A 1 2 3 P 1 2 3	COUNSELOR _____
ADDRESS	SS#		TYPING SKILLS _____		BOOKKEEPING & ACCOUNTING _____
	CELL PHONE		SPEED _____		FULL CHARGE _____
	EMAIL		10 KEY CALCULATOR _____		ACCOUNTS RECEIVABLE _____
	HOW DID YOU HEAR ABOUT US?		BY TOUCH _____		ACCOUNTS PAYABLE _____
CITY	STATE	ZIP	BY SIGHT _____		PAYROLL _____
POSITION DESIRED	SECOND CHOICE	SALARY LEAST CONSIDERED FOR RIGHT OPPORTUNITIES \$	COMPUTER SOFTWARE _____		FINANCIAL STATEMENTS _____
COLLEGES ATTENDED	MAJOR MINOR	YR GRAD	_____		QUARTERLY TAXES _____
**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?			_____		INVENTORY RECORDS _____
**IF YES, EXPLAIN.			_____		COLLECTIONS _____
			_____		TELEPHONE SYSTEMS PBX # OF LINES _____

RECORD OF EMPLOYMENT (OFFICE USE ONLY)				DO NOT WRITE BELOW. PLEASE CONTINUE ON BACK.	
PRESENT OR LAST EMPLOYER	(1) NAME OF COMPANY (2) ADDRESS OF COMPANY	(1) KIND OF BUSINESS (2) YOUR POSITION	(1) STARTING SALARY (2) INCREASED TO	DESCRIPTION OF WORK PERFORMED	REASON FOR LEAVING
FROM	1	1	1		
TO	2	2	2		
FROM	1	1	1		
TO	2	2	2		
FROM	1	1	1		
TO	2	2	2		
FROM	1	1	1		
TO	2	2	2		

SO THAT WE WILL NOT WASTE YOUR TIME IN DUPLICATING YOUR EFFORTS PLEASE LIST BELOW NAMES OF ALL AGENCIES OR COMPANIES TO WHICH YOU HAVE APPLIED IN THE PAST 90 DAYS.

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____
7 _____ 8 _____ 9 _____
10 _____ 11 _____ 12 _____

PLEASE LIST EMERGENCY CONTACTS BELOW

SPOUSE/PARTNER _____ PHONE _____

PARENT _____ PHONE _____

FRIEND _____ PHONE _____

PROFESSIONAL REFERENCES:

FORMER EMPLOYER: _____

CONTACT NAME & NUMBER: _____

FORMER EMPLOYER: _____

CONTACT NAME & NUMBER: _____

FORMER EMPLOYER: _____

CONTACT NAME & NUMBER: _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FOR EMPLOYMENT AND MAY RESULT IN A DISMISSAL IF DISCOVERED AT A LATER DATE. I UNDERSTAND THAT I MAY BE REQUIRED TO SUCCESSFULLY PASS A PRE- AND/OR POST-EMPLOYMENT DRUG SCREEN, EDUCATIONAL RECORDS REQUEST, AND STATE/NATIONAL BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. IN CONSIDERATION FOR EMPLOYMENT I AGREE AND GIVE CONSENT TO APEX STAFFING TO PERFORM THE PRE-EMPLOYMENT SCREENINGS MENTIONED ABOVE.

SIGNATURE _____ DATE _____



ARKANSAS STATE POLICE

ASP-122 (Rev. 07/08)

Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: APEX STAFFING

Mailing Address: 1429 Merrill Drive, Suite 2 Little Rock, AR 72211

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

Notary Public

82004 State Record Check

82005 State Record Check



EMPLOYMENT REFERENCE CONSENT AND RELEASE

The individual named below has applied for employment with our company. Please respond candidly to the requests for information listed below and return your written response via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Statute 11-3-204, a law which provides current and former employers with a legal privilege to provide employment history about current or former employees to prospective employers.

I GIVE CONSENT TO MY FORMER EMPLOYERS TO PROVIDE THE INFORMATION BELOW REGARDING MY EMPLOYMENT HISTORY.

**This consent is valid for a period of six (6) months from the date below.
A copy of this form shall be as valid as the original.**

Applicant Name: _____ **SSN#:** _____

Signature of Applicant: _____ **Date:** _____

Reference Name: _____ Company Name: _____

Company Address: _____

Company Phone: () _____ Company Fax: () _____

Dates of Employment: From: _____ To: _____

Starting Position: _____ Ending: _____

Starting Salary: _____ Ending: _____

Employment History (Employer Use Only)

Was applicant's separation from employment: voluntary _____ involuntary _____

What was the reason for the applicant's separation from employment? _____

Is the applicant eligible for rehire? Yes _____ No _____

Attendance history: (Excluding any qualifying leave under FMLA) _____

Results of drug and/or alcohol test administered within the last year: _____

The applicant's last written performance evaluation prior to date of this release: _____