

Business Contract Solutions Application

NAME

LAST

FIRST

M.I.

ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY #

BIRTH DATE

TELEPHONE

HOME

WORK

CELLULAR

Please Mark Appropriate Line:

	YES	NO
Are you currently employed?	_____	_____
Are you looking for permanent employment?	_____	_____
Are you looking for temporary employment?	_____	_____
Are you at least 16 years old?	_____	_____
Are you authorized to work in the U.S.?	_____	_____
Do you have proof of authorization with you (if applicable)?	_____	_____
Have you ever been convicted of a crime or been released from jail in the past seven years?	_____	_____
Do you have charges pending?	_____	_____
Have you ever refused bond? If yes, please explain.	_____	_____

Do you possess a high school diploma?

How long are you available to work? (temporarily / permanently)

If you are looking for temporary work, what is your preferred length of assignment?

Do you possess a valid drivers license? State _____ Class _____ Number _____ Exp. _____

My driving record consist of _____ tickets and/or _____ accidents in the past three years.

Do you have any specific salary requirements? _____

What is your minimum salary requirement? _____

What is the maximum distance you are willing to commute? _____

COMPUTER SKILLS

<input type="checkbox"/> Word Perfect 6.1	<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> D-Base, I, II, III
<input type="checkbox"/> Word Perfect (windows)	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Ventura
<input type="checkbox"/> MS Word 5.0/6.0	<input type="checkbox"/> Ami-Pro	<input type="checkbox"/> Corel 3,4,5,6
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Macintosh	<input type="checkbox"/> Page Maker
<input type="checkbox"/> MS Access	<input type="checkbox"/> Quattro	<input type="checkbox"/> MS Works 4.0
<input type="checkbox"/> Peachtree	<input type="checkbox"/> Great Plains Dynamic	<input type="checkbox"/> QuickBooks

PAST EXPERIENCE

Sales & Marketing

Outside direct sales
 Inside direct sales
 Retail Sales
 Over the counter sales
 Territory sales
 In person survey
 Product demonstration

Bookkeeping

Accounts receivable
 Accounts payable
 Payroll tax deposits
 Payroll tax returns
 General ledgers
 Computerized Accounts
 Year-end closings

Accounting

General Acct.
 Auditor
 Certified public
Accountant
 Income Tax
 Funds Mgmt.

OTHER: _____

SPECIALIZED SKILLS

<input type="checkbox"/> Switchboard	<input type="checkbox"/> Speed writer	<input type="checkbox"/> Dictating equipment
<input type="checkbox"/> Console	<input type="checkbox"/> Court reporter	<input type="checkbox"/> Medical/ legal technology
<input type="checkbox"/> Answering service operator	<input type="checkbox"/> Letter writing	
	<input type="checkbox"/> Shorthand	
	<input type="checkbox"/> Paralegal	

MANAGEMENT

<input type="checkbox"/> Supervisor	<input type="checkbox"/> Termination	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Manager	<input type="checkbox"/> Training	<input type="checkbox"/> Complaint Dept.
<input type="checkbox"/> Hiring	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Credit
<input type="checkbox"/> Property management	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Collections
<input type="checkbox"/> Security Enforcement		

* Please list any other valuable skills not seen above that may be beneficial to an employer:

APPLICATION AGREEMENT

I understand that the information provided on this employment application will be used only for consideration of my employment with Business Contract Solutions. I affirm that the statements made on this application, including all statements concerning my former employer, are true and complete.

I authorize BCS to investigate any statement contained in any part of this application. I understand that any false statements, omission of facts, or misrepresentation of facts given on this application or other forms provided to BCS will be grounds for termination and recovery of damages from me by BCS. I hereby authorize BCS and request each former employer to answer all questions and give all information that may be sought concerning me, my work, habits, character, skills, or actions in any transaction. I also consent to the release of my police records before and during employment with BCS.

I understand that completing this application does not constitute a conditional offer of employment or an employment agreement between BCS and myself. If I do receive a conditional offer of employment, I agree to answer a physical qualification assessment to determine my ability to perform essential functions for jobs in the categories I have applied for. I understand that I will not be accepted for employment until successful completion of this assessment. I also understand that if an assignment is not completed due to unreasonable or inexcusable actions, it is up to me to report my hours worked to a BCS representative as soon as possible in order to be compensated in a timely manner. If accepted for employment with BCS, I agree to submit a drug/alcohol-screening test.

Signature of Applicant

Date

**Business Contract Solutions
Disclosure Form**

In connection with my application for employment or promotion, I understand that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences, and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, professional licensing, as well as workers' compensation injuries and other experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This authorization is valid for all federal, state, county, and local agencies and authorities. I understand that I have the right to make a written request with a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation.

NAME

Last

First

M.I

CURRENT ADDRESS

City

State

Zip

SOCIAL SECURITY

BIRTH DATE

DRIVERS LICENSE NUMBER

STATE

APPLICANTS SIGNATURE

Date

PROSPECTIVE EMPLOYER

Date of birth is being requested in order to obtain accurate retrieval records