



SEQUOIA PERSONNEL SERVICE

OFFICE USE ONLY

1. _____
2. _____
3. _____

DATE:	EMAIL ADDRESS:	DRIVERS LICENSE NO.	REFERRED BY:	T/P
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NAME LAST (Please print) FIRST INITIAL	SALARY DESIRED \$	MINIMUM SALARY \$	POSITION DESIRED:
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ADDRESS STREET CITY STATE ZIP	MAILING ADDRESS STREET/P.O. BOX CITY STATE ZIP
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HOME PHONE	BUSINESS PHONE	MESSAGE PHONES	LENGTH OF RESIDENCE IN AREA ____ YRS. ____ MOS.	OFFICE USE ONLY:
DEGREES		MAJOR FIELDS OF STUDY		
HIGH SCHOOL				
COLLEGE				

	YES	NO	SKILLS	BOOKKEEPING	COMPUTER SKILLS	BEGINNING	INTERMEDIATE	ADVANCED
WILL YOU RELOCATE?	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding	<input type="checkbox"/> Computer	<input type="checkbox"/> MS Office Suite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL?	<input type="checkbox"/>	<input type="checkbox"/>	_____ WPM	<input type="checkbox"/> Full Charge	<input type="checkbox"/> Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOW FAR?				<input type="checkbox"/> Acct. Clerk	<input type="checkbox"/> Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERNIGHT?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Acct. Payable	<input type="checkbox"/> Powerpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE CAR/TRANSPORTATION?	<input type="checkbox"/>	<input type="checkbox"/>	10 KEY	<input type="checkbox"/> Acct. Receivable	<input type="checkbox"/> Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCEPT PART-TIME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Touch	<input type="checkbox"/> Payroll	<input type="checkbox"/> Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCEPT TEMPORARY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sight	<input type="checkbox"/> Invoicing	<input type="checkbox"/> Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FELONY CONVICTION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multi-line Phones	<input type="checkbox"/> Collections/Credit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				ACCOUNTING SOFTWARE	HARDWARE			
				<input type="checkbox"/> Quick Books Pro	<input type="checkbox"/> PC			
				<input type="checkbox"/> Peachtree	<input type="checkbox"/> Mac			
				<input type="checkbox"/> Other _____				

DATES	EMPLOYER AND ADDRESS Most Recent Job First	Position Held	DUTIES & RESPONSIBILITIES	SALARY	Type of Company	REASON FOR LEAVING
START ----- END		SUPERVISOR				
START ----- END		SUPERVISOR				
START ----- END		SUPERVISOR				
START ----- END		SUPERVISOR				

List Additional Skills, Experience, Hobbies

COMPLETE OTHER SIDE

COMPLETE & SIGN BELOW

So we will not duplicate your efforts, list names of EMPLOYERS to which you have recently made application.

PERSONAL REFERENCES (NOT FORMER EMPLOYERS)

PHONE #

- 1. _____ () _____
- 2. _____ () _____

I understand that some of the Client Companies of Sequoia Personnel Service may require drug screening of any employee placed with that Client Company. I understand that I will have the option of either taking the drug screen test or not taking the drug screen test. I also understand that if I do not take the drug screen test, or if I should take the drug screen test and fail it, I will not be eligible for placement with Client Company that requires drug screening.

I understand that I may elect to be drug screened at any time. I understand that if I have initially elected not to be drug screened, it will be my responsibility to notify Sequoia Personnel Service of my decision to be drug screened so that I may be eligible for placement with Client Companies that require drug screening of employees placed with it.

I understand that if I initially fail a drug screening, that it is my responsibility to notify Sequoia Personnel Service of my decision to be drug screened again so that I may be eligible for placement with Client Companies that require drug screening of employees placed with those Client Companies. I agree to hold Sequoia Personnel Service harmless for any mistakes in testing made by any independent contractor who administers the drug screening test.

CONSENT TO DRUG AND ALCOHOL TEST

I consent to allow Sequoia Personnel Service to collect urine and/or blood specimens from me for testing for alcohol, drugs, and controlled substances. I also give my consent for the release of the results to appropriate management employees of Sequoia Personnel Service. I understand that if I decline to sign the consent and decline to take the test, I will not be eligible for placement with a Client Company that requires drug screening.

Agreed to: _____ (Employee) Declined: _____ (Employee)

Dated: _____ Dated: _____

Witnessed: _____ Reason for Declination: _____

Dated: _____

It is our sincere concern to help you secure employment. Your cooperation is necessary in order for us to help you. Please Read Carefully the information below. If you have questions, please ask and we will be happy to answer them. Your signature below assures us that you understand our joint efforts in your behalf, and it is OUR AUTHORIZATION TO BEGIN WORK FOR YOU.

LIST OF CONDITIONS

This will serve to confirm the filing of my application seeking employment through the services and assistance of the employment agency, Sequoia Personnel Service. I agree to cooperate with Sequoia Personnel Service in providing all the information that is required below:

1. Provide Sequoia Personnel Service with my current address and telephone numbers while my application is still active.
2. Notify Sequoia Personnel Service immediately if I am no longer seeking employment.
3. Notify Sequoia Personnel Service of the results of all interviews whether or not resulting in my acceptance of a position within ONE business day.
4. Notify Sequoia Personnel Service within one business day after the acceptance of any position secured through the agency or if my employment in such a position is terminated for any reason.
5. I confirm that all information provided regarding my background and employment history is true and authorize verification if required.
6. Sequoia Personnel Service is an equal opportunity employer. We will not unlawfully discriminate against qualified applicants or employees with respect to any terms or conditions of employment based on race, color, national origin, ancestry, sex, sexual orientation, age, religion, creed, physical or mental disability, medical condition, marital status, citizenship status, military service status, or other basis protected by law. When necessary, Sequoia Personnel Service will reasonably accommodate employees and applicants with disabilities if the person is otherwise qualified to safely perform all of the essential functions of the position.
7. I hereby authorize Sequoia Personnel Service to investigate, discuss and verify my educational and employment background with anyone, including but not limited to, information regarding my character, general reputation, personal characteristics or mode of living.

Date _____ Signed _____