



Employment Registration Form

*****In order to be considered for employment with HCS this form must be completed in full*****

Personal Information				
First Name:	Last Name:	Social Security Number:		
Address:	City, State:	Zip Code:		
Email Address:	Home Phone:	Cell Phone:		
Felony or misdemeanor? If yes, Explain.	Minimum Hourly Rates: Perm: Temp:	Locations you'll consider?		
Education Information:				
<u>Institution:</u>	<u>Degree:</u>	<u>City/State:</u>	<u>GPA:</u>	<u>Graduation Date:</u>
Reference Information:				
<u>Supervisor:</u>	<u>Title:</u>	<u>Company:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>
1.				
2.				
3.				
Interview Activity: Please list the companies you have submitted a resume or interviewed with in the past 90 days.				
1.	3.	5.		
2.	4.	6.		
Prior Employer Information:				
Company:	Supervisor:	Position:	Salary Details:	
Location:	Telephone:	Start Date / End Date:	Reason for leaving:	
Selling Points: Please give 4 concrete examples of your achievements.				
1.		3.		
2.		4.		
Accounting Software Skill:				
1.	2.	3.	4.	
(____yrs)	(____yrs)	(____yrs)	(____yrs)	
Applicant - Please Read This Authorization Before Signing				
<p>I agree the information on this application is correct and complete to the best of my knowledge. I understand it will be grounds for immediate dismissal if any of the information contained here is found to be untrue. I authorize High Country Staffing (HCS) and all former employers given by me as references to answer all questions and to give all information in connection with this application or in any way concerning me. I understand if accepted for employment I will be working for HCS, at your client's premises. I agree I will obtain HCS permission before discussing permanent employment with your client. I agree to immediately notify HCS at the conclusion of each assignment or as soon as I become available. If I fail to give such notice, you may assume I am not available for reassignment, and am not ready, willing and able to work. I understand that any information I learn while working for a client is to be kept confidential. I agree, if employed by HCS, if I ever make claims against you for personal injuries, upon your request I will submit to examinations by physicians of your selection. If I am placed in a contract or temporary position and leave this position for any reason prior to completion of the assignment, I agree to give a minimum of one week's notice of resignation in writing. I will hold HCS harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application. I hereby acknowledge that my employment is "at will", and that I may resign at any time and the company may terminate my employment at any time, with or without cause.</p>				
<u>Applicant Signature:</u>			<u>Date:</u>	

