

Triple 'S' Services, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					
LAST NAME		FIRST		MIDDLE	DATE OF BIRTH
STREET ADDRESS					HOME PHONE
CITY		STATE		ZIP CODE	CELL PHONE
E-MAIL				SOCIAL SECURITY #	
POSITION / POSITION APPLYING FOR				DESIRED PAY?	
ARE YOU AVAILABLE TO WORK FULL TIME? YES NO			COULD YOU WORK OVER-TIME IF ASKED? YES NO		
IF NOT WHAT HOURS CAN YOU WORK?					
ARE YOU A US CITIZEN? YES NO			WHEN ARE YOU AVAILABLE TO BEGIN WORK?		
BACKGROUND INFORMATION					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO			IF "YES" EXPLAIN		
EDUCATION					
SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL				YES NO	
COLLEGE				YES NO	
OTHER				YES NO	
JOB-RELATED TRAINING OR COURSES					
NAME OF SCHOOL/ TRAINING COURSE	LOCATION	COURSE OF STUDY	TRAINING COMPLETED		
			YES		
			NO		
			YES		
			NO		
			YES		
			NO		
LICENSE, REGISTRATION, CERTIFICATION					
LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE		

