

U.S. MICRO-SOLUTIONS -EMPLOYMENT APPLICATION-

We are an equal opportunity employer and shall consider qualified applicants without regard to race, color, sex, age, religion, national origin, marital status, disability, or any other basis prohibited by law. We always reserve the right to hire the most qualified individual to fill any job opening at any point in time. Because our employment needs change from time-to-time, your application may not be kept active for more than 30 days. Therefore, you are welcome to reapply for any position at any time. In order for you to be considered for employment, this application must be completed in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.

Last Name	First Name	MI	Today's Date:
<hr/>			
Present Address:	Street	City	State Zip
<hr/>			
Permanent Address (if different from above):	Street	City	State Zip
<hr/>			
Social Security Number:	Area Code/Phone	Date available for employment:	
<hr/>			
Are you available to work:			
Evenings:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekdays:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Midnights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		How many days per week do you prefer to work? _____	
		How many hours per week do you prefer to work? _____	
<hr/>			
Do you have reliable transportation to and from work		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>			
Have you ever pleaded guilty to or been convicted of any crime other than a summary traffic violation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>			
(Convictions will not necessarily exclude you from employment, but date and type of conviction will be considered for job placement.)			
If yes, give details.			

EDUCATION

Type of School	Name/Location of School	Courses Majored In	Circle Last Year Completed	Diploma or Type of Degree	Grade Average
High School			9 10 11 12	Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4		
Special					
Are your school or previous employment records under any name other than the one you now use?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the other name?					

WORK EXPERIENCE

* All information must be supplied on this application *

Present or more recent employer	From: Mo./Yr.	To: Mo./Yr.	Average Hrs. Worked Per Week:
Street Address			Job Description
City, State, Zip	Pay Rate Per Hour Start:		
May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area Code/Phone: ()	Names/Titles of Immediate Supervisors:	
Job Title – Start	Pay Rate Current or Upon Termination:	Reason for leaving:	
Job Title – Upon Termination			

Present or more recent employer	From: Mo./Yr.	To: Mo./Yr.	Average Hrs. Worked Per Week:
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City, State, Zip	Pay Rate Per Hour Start:		
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Job Title – Start	Pay Rate Current or Upon Termination:	Reason for leaving:	
Job Title – Upon Termination			

LIST COMPANY NAMES OF ALL OTHER EMPLOYERS NOT LISTED ABOVE:

Signature of Applicant	Date:
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