





# WORK EXPERIENCE

List all current and previous employment for a minimum of five (5) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

Are you currently employed?  Yes  No      If "Yes", may we contact your current employer?  Yes  No

<b>1.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
<b>2.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
<b>3.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
<b>4.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
<b>5.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
<b>6.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				



## EDUCATIONAL BACKGROUND

*Give record of all High Schools, Colleges, Universities, Trade or Vocational Schools you have attended.*

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR SUBJECT OR COURSE	DEGREE OR CERTIFICATE
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			

## REFERENCES

*List the three persons not related to you who have knowledge of your work performance within the last three years.*

NAME AND ADDRESS	OCCUPATION	NUMBER OF YEARS KNOWN	PHONE NUMBER

## SKILLS

Please indicate the office machines you can operate: \_\_\_\_\_

Can you type?  Yes  No WPM: \_\_\_\_\_ Can you take dictation?  Yes  No WPM: \_\_\_\_\_  
 10-Key?  Yes  No KPH: \_\_\_\_\_

Do you have computer experience?  Yes  No If Yes, what type?  PC  MAC  Workstation

Indicate below the software with which you have practical experience:

Word  Excel  PowerPoint  Publisher  Other: \_\_\_\_\_

**Graphics:**  Pagemaker  Quark  InDesign  CAD  Other: \_\_\_\_\_

**Bookkeeping / Accounting:**  Comp. Assoc.  Peachtree  BPI  Intuit/Quicken  QuickBooks

Great Plains  Other: \_\_\_\_\_

**Application:**  General Ledger  Trial Balance  Accounts Payable  Accounts Receivable  Payroll

Billing  Other: \_\_\_\_\_

Indicate any computer peripherals you are familiar with:  Fax/Modem  Laser Print  Other: \_\_\_\_\_

List any special computer skills you may have: \_\_\_\_\_



# ADDITIONAL QUESTIONS

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No  
If no, describe the functions that cannot be performed: \_\_\_\_\_

Do you have any relatives employed with this company?  Yes  No  
If yes, please list their names and positions: \_\_\_\_\_

Have you submitted an application with Elite HR Logistics before?  Yes  No

Have you ever been bonded?  Yes  No  
If yes, where: \_\_\_\_\_

Have you ever had security clearance?  Yes  No  
If yes, at what level: \_\_\_\_\_

Have you obtained any special skills as a result of service in the military?  Yes  No  
If yes, please describe: \_\_\_\_\_

Do you have any other special skills or qualifications which you feel would make you suited for work?  Yes  No  
(Example: Certified forklift operator, machinist, welder, assembly or warehouse, etc.)  
If yes, please describe: \_\_\_\_\_

Do you have a license or certificate for a particular skill?  Yes  No  
If yes, issuing state: \_\_\_\_\_  
Certified in: \_\_\_\_\_  
License or Certification #: \_\_\_\_\_

Have you ever worked as a temporary employee?  Yes  No

Company assigned to: \_\_\_\_\_ Temp Agency: \_\_\_\_\_  
Company assigned to: \_\_\_\_\_ Temp Agency: \_\_\_\_\_  
Company assigned to: \_\_\_\_\_ Temp Agency: \_\_\_\_\_

