

Steward Goode Staffing

3700 Butler Street Suite 320 Pittsburgh, PA 15201 https://stewardgoode.com

phone: (412) 224-1172 toll free: (877) 441-0211 fax: (412) 219-6700

email: info@stewardgoode.com

Application for Employment

Steward Goode considers applicants for all positions without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date of application		Position	
Last Name	First Name	Middle Ini	itial
Street Address		Apt or Suite	
City	State		ZIP
Phone Number		Email Address	
Social Security Number		Birth Date	
Emergency Contact Did a Steward Goode Staffir encourage you to apply?	Relationship ng Employee C Yes	Phone N No If yes, provide	
Have you ever applied to or employed at Steward Goode	.a .	O O If yes, provid	
Are a United States Citizen o	or permanent resident?	,	, provide proof of status
availability? Full Time Travel availability? O Yes	Part Time Per Die		
Have you been convicted of last 7 years?	If yes, how ma felony in the Yes	No If yes, explain	

Experience

Work Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer			Address		City, State, ZIP	
Job Title		Star	t Date	Finish Date	Reason for Leaving	
May we	\bigcirc	\bigcirc			· ·	
Contact?	Yes	No	Supervisor		Phone Number	
			3uper visor		There wanted	
Employer			Address		City, State, ZIP	
Employer			Address		City, State, Zir	
Job Title		Ctor	t Data	Finish Data	December Leaving	
May we	\circ		t Date	Finish Date	Reason for Leaving	
Contact?	Ö	O				
Contact.	Yes	No	Supervisor		Phone Number	
Employer			Address		City, State, ZIP	
Job Title		Star	t Date	Finish Date	Reason for Leaving	
May we	0	0				
Contact?	Yes	No	Supervisor		Phone Number	
Employer			Address		City, State, ZIP	
Job Title		Star	t Date	Finish Date	Reason for Leaving	
May we	\bigcirc	\bigcirc			-	
Contact?	Yes	No	Supervisor		Phone Number	

Education

Start with your present or last school.

Name of School	Location	Course of Study	Date Completed	Degree or Diploma
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Apprenticeship and/or extra-curricular activities

State any additional information that may be helpful in considering your application

References

Provide at least three professional references who are not in your family. Please note that we will contact the references listed below prior to offering an interview.

Name	Title	Company	Relationship
Phone	Email	Address	City, State, ZIP
Name	Title	Company	Relationship
Phone	Email	Address	City, State, ZIP
Name	Title	Company	Relationship
Phone	Email	Address	City, State, ZIP
Name	Title	Company	Relationship
Phone	Email	Address	City, State, ZIP

Applicant's statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.

Applicant's Signature		Date		
For Administrative Use Arrange for Interview?	Only	O Yes	O No	
Remarks				
Hire Applicant?		O Yes	O No	
Date of Employment	Job Title	Department	Wage/Salary	
Approved By	Title		Date	