



STAFFING SOLUTIONS

EMPLOYMENT SOLUTIONS YOU EXPECT FROM PROFESSIONALS

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Employment Application

PLEASE NOTE: A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUIRED IN THIS APPLICATION

				DATE				
NAME				SOCIAL SECURITY NUMBER				
ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER – HOME ()			
OTHER MEANS OF CONTACT				TELEPHONE NUMBER – CELL ()				
POSITION(S) DESIRED				EARNINGS EXPECTED PER HR. \$				
TYPE OF POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		SPECIFY DAYS AND HOURS IF PART-TIME						
HAVE YOU PREVIOUSLY APPLIED WITH cPAY, LLC STAFFING SOLUTIONS? IF YES, PLEASE LIST DATE. <input type="checkbox"/> YES <input type="checkbox"/> NO								
HAVE YOU EVER BEEN EMPLOYED BY cPAY, LLC STAFFING SOLUTIONS? IF YES, LIST DATES AND CLIENT COMPANY/S <input type="checkbox"/> YES <input type="checkbox"/> NO								
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF YES, EXPLAIN								
EDUCATION								
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSES MAJORED IN GIVE DEGREE	CHECK LAST YEAR COMPLETED				GRADUATE?	LAST YEAR ATTENDED
			<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		
ELEMENTARY			<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		
HIGH SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
BUSINESS OR TRADE SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
CORRESP. OR NIGHT SCHOOL			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
SERVICE IN U.S. ARMED FORCES								
HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, DATE ACTIVE DUTY STARTED		WHICH BRANCH OF SERVICE?			
DATE OF DISCHARGE		RANK AT DISCHARGE						
WHAT SPECIAL TRAINING DID YOU RECEIVE OR WHAT SKILLS DID YOU ACQUIRE DURING YOUR SERVICE?								

LIST BELOW THE NAMES OF ALL YOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT. a. COMPANY NAME b. ADDRESS AND PHONE NUMBER	TYPE OF BUSINESS	TIME EMPLOYED				HOW WAS THE POSITION OBTAINED	SALARY
		FROM		TO			
		MO.	YR.	MO.	YR.		
1 a. b.							
2 a. b.							
3 a. b.							
4 a. b.							
5 a. b.							
6 a. b.							

INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU **DO NOT** WISH US TO CONTACT:

REFERENCES (PLEASE DO NOT LIST RELATIVES)	ADDRESS	PHONE NUMBER
		()
		()
		()

PLEASE FILL IN THE FOLLOWING INDICATING YOUR EXPERIENCE

CHECK HERE	TYPE OF EXPERIENCE	YRS	MOS	CHECK HERE	TYPE OF EXPERIENCE	YRS	MOS	CHECK HERE	TYPE OF EXPERIENCE	YRS	MOS
<input type="checkbox"/>	CLERICAL SUPERVISOR			<input type="checkbox"/>	CLERK			<input type="checkbox"/>	TELEPHONE SWBD. OPERATOR		
<input type="checkbox"/>	CONFIDENTIAL SECRETARY			<input type="checkbox"/>	PARALEGAL			<input type="checkbox"/>	TELETYPE OPERATOR		
<input type="checkbox"/>	KEY PUNCH OPERATOR			<input type="checkbox"/>	A.P./A.R.			<input type="checkbox"/>	COPY MACHINE OPERATOR		
<input type="checkbox"/>	GOVERNMENT			<input type="checkbox"/>	FILE			<input type="checkbox"/>	CREDIT		
<input type="checkbox"/>	OFFICE SUPERVISOR			<input type="checkbox"/>	GENERAL OFFICE			<input type="checkbox"/>	C&C OPERATOR		
<input type="checkbox"/>	RECEPTIONIST			<input type="checkbox"/>	MAIL			<input type="checkbox"/>	MANUFACTURING		
<input type="checkbox"/>	SECRETARY			<input type="checkbox"/>	INSURANCE			<input type="checkbox"/>	CONSTRUCTION		
<input type="checkbox"/>	LEGAL			<input type="checkbox"/>	STOCK			<input type="checkbox"/>	WAREHOUSE		
<input type="checkbox"/>	COLLECTIONS			<input type="checkbox"/>	ACCOUNTING			<input type="checkbox"/>	OTHER		

INDICATE BELOW YOUR OFFICE SKILLS AND CHECK OFFICE MACHINES YOU CAN OPERATE EFFICIENTLY

<input type="checkbox"/> DICTAPHONE	<input type="checkbox"/> BILLING MACHINE	TYPE:
<input type="checkbox"/> TYPEWRITER TYPING SPEED	<input type="checkbox"/> BOOKKEEPING MACHINE	TYPE:
<input type="checkbox"/> ELECTRIC TYPEWRITER TYPING SPEED	<input type="checkbox"/> ACCOUNTING MACHINE	TYPE:
<input type="checkbox"/> PERSONAL COMPUTER	<input type="checkbox"/> CALCULATING MACHINE	TYPE:
<input type="checkbox"/> SHORTHAND SPEED IN TAKING DICTATION	<input type="checkbox"/> TABULATING MACHINE	TYPE:
<input type="checkbox"/> STENOGRAPHY SPEED IN TAKING DICTATION	<input type="checkbox"/> WORD PROCESSOR	TYPING SPEED:
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	

STARTING SALARY	SALARY AT LEAVING	WORK A LEAVING (INCLUDE TITLE, RESPONSIBILITIES, SUPERVISORY DUTIES, ETC.)	NUMBER OF PEOPLE SUPERVISED	REASON FOR LEAVING	NAME OF IMMEDIATE SUPERVISOR	
					NAME	TITLE
					NAME	TITLE
					NAME	TITLE
					NAME	TITLE
					NAME	TITLE
					NAME	TITLE
					NAME	TITLE

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY PREPARE YOU FOR WORK WITH THIS DEPARTMENT?

IF NECESSARY, WOULD YOU BE WILLING TO TRANSFER? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? YES NO

COMPLETION OF THIS FORM IS VOLUNTARY AND WILL PROVIDE CPAY WITH INFORMATION TO MAINTAIN OUR AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY RECORDS. THIS INFORMATION WILL NOT BE A PART OF YOUR OFFICIAL PERSONNEL FILE.

NAME(OPTIONAL)

DATE

I. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED?

- 1. 0-8 years.
- 2. 9-12 years but not a high school graduate.
- 3. High School graduate or passed GED test.
- 4. Post high school vocational or business school training.
- 5. College, less than B.A. or B.S. degree.
- 6. B.A. or B.S. or comparable bachelor's degree.
- 7. M.A. or M.S. or comparable master's degree.
- 8. PH.D., J.D., LL.B. or comparable professional degree.
- 9. M.D., D.V.M. or comparable professional degree in medicine.

