



# BLUE RIBBON PERSONNEL SERVICES

MJT Enterprises, Inc.

## APPLICATION FOR EMPLOYMENT

Please print and *fill out application completely*, in addition you may include your resume.

Please check which office you would like to be registered at:

- Folsom/El Dorado Hills
- Amador/Calaveras/Tuolumne
- Lodi/Stockton/Elk Grove
- Placerville/Cameron Park
- Lake Tahoe/Truckee
- Auburn/Grass Valley
- Carson Valley/Minden

Are you at least 18 years of age at this time?  Yes  No (If no, work permit or proof of high school completion will be required)

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Last Name  
for office use only

First Name  
for office use only

Position  
for office use only



Name			Email Address			
Last		First		M.I.		
Physical Address						
Street		City		State	Zip +4	
Mailing Address (if different)						
Street		City		State	Zip +4	
Contact Phone# (please include area codes)						
Message#			Cell./Other#			
Emergency Contact Name and Phone#						
How did you hear about us?			Date available for work:			
May we contact your current employer? <input type="checkbox"/> No <input type="checkbox"/> Yes - Contact & Phone#						
Salary/Wage Requirements:						
Availability-circle    M    Tu    W    Th    F    Sa    Su <input type="checkbox"/> full-time <input type="checkbox"/> part-time - # of hours <input type="checkbox"/> day <input type="checkbox"/> swing <input type="checkbox"/> grave						
What type of transportation do you use? <input type="checkbox"/> Car available <input type="checkbox"/> Other						
Driver's License # _____ State _____ Exp Dt _____ Special Class/Endorsements?						
If driving is part of the job assignment are you willing to provide a current DMV printout/proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Would you be willing to permit a drug test, or background check if it were a condition of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been bonded or had a Security Clearance Rating? <input type="checkbox"/> Yes <input type="checkbox"/> No						
I can handle: <input type="checkbox"/> Light lifting (up to 25#) <input type="checkbox"/> Medium lifting (up to 50#) <input type="checkbox"/> Heavy lifting ( 50# and up) <input type="checkbox"/> Repetitive lifting						
Are you able to perform the essential functions of the job(s) for which you are applying <input type="checkbox"/> Yes without <input type="checkbox"/> With <input type="checkbox"/> No						
with or without reasonable accommodation? If no, describe the functions that cannot be performed.						
_____						
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(A conviction will not necessarily disqualify an applicant from the job applied for.) If yes, please give details below:						
_____						
_____						
City/State _____			Date(s) _____			
Education (please circle highest level <b>completed</b> )    10    11    12    13    14    15    16						
Name of highest level school attended _____ City/State _____						
Major course of study _____ Degree(s) Rec'd _____						
Vocational School or Other Training/Certificates etc.						
Software Programs: Estimate your knowledge level (you will be scheduled for testing).						
Program _____		Version _____		<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermed.	
Program _____		Version _____		<input type="checkbox"/> Basic	<input type="checkbox"/> IBM/PC	
Program _____		Version _____		<input type="checkbox"/> MAC	<input type="checkbox"/> IBM/PC	
Program _____		Version _____		<input type="checkbox"/> Basic	<input type="checkbox"/> IBM/PC	
Program _____		Version _____		<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermed.	
Program _____		Version _____		<input type="checkbox"/> Basic	<input type="checkbox"/> IBM/PC	
Program _____		Version _____		<input type="checkbox"/> MAC	<input type="checkbox"/> IBM/PC	
Internet Experience?			Web Page design?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other						



WORK EXPERIENCE: Please fill out this section completely. Write clearly and list current or most recent employer first. Be sure to include any job-related military or volunteer experience.

From	To	Employer	Phone#
Job Title	Address	Type of Business	
Immed. Supervisor and Title	Summarize the nature of your job duties		
Reason for Leaving	Beginning Wage or Salary \$	per	Ending \$ per
From	To	Employer	Phone#
Job Title	Address	Type of Business	
Immed. Supervisor and Title	Summarize the nature of your job duties		
Reason for Leaving	Beginning Wage or Salary \$	per	Ending \$ per
From	To	Employer	Phone#
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From	To	Employer	Phone#
Job Title	Address	Type of Business	
Immed. Supervisor and Title	Summarize the nature of your job duties		
Reason for Leaving	Beginning Wage or Salary \$	per	Ending \$ per

Please continue on the next page. Thank you.

Please check appropriate box(es) below **where you have experience or skills.**

TYPE OF INDUSTRY		EXPERIENCE					
Accounting	ACCT	Gen'l office skills	GNOF	Data Entry alpha	DEAL	Medical front office	MEDF
Agriculture	AGRI	Filing	FILE	or alphanumeric	DEAN	Medical filing – alpha	MFAL
Communications	COMM	Inventory	INVT	Administrative Ass't	ADAS	or Terminal digit	MFTD
Construction	CNST	Stockroom	STCK	Accounting -Computer		Insurance billing-computer	INCP
Dental	DENT	Mailroom	MAIL		ACCP	or Manual	IBMN
Electronics	ELEC	Reception	RECT	or Manual	ACMN	type(s)	
Engineering	ENGR	PBX	PBX	A/R - AP Clerk	ARAP	ICD9/CPR	ICD9
Financial	FINL	Dispatch	DISP	Payroll-computerized	PRCP	Med Transcription	MEDT
Gaming	GAME	Customer Service	CUST	Or Manual	PRMN	Medical Back office	MEDB
Import/Export	IMEX	Call Center	CALL	Bookkeeping	BKKG	Sterile Field	STER
Insurance	INSR	Cash Handling	CASH	Full Charge	BKFC	CPR	CPR
Maintenance	MAIN	Purchasing	PRCH	Collections	COLL	Phlebotomy	PHLB
Manufacturing	MANF	Office equip	OFEQ	Credit read	CRRD	Injections	INJT
Medical	MEDL	Scanner	SCAN	Or decisions	CRDC	CNA	CNA
Non-Profit	NONP	Secretarial	SECT	Law clerk	LCLK	LVN	LVN
Real Estate	REAL	Typing	TYPE	Legal Secretary	LSEC	RN specialty	RN
Retail	RETL	# of wpm		Paralegal	PARA	EMT	EMT
Personnel/HR	PRHR	Statistical typing	STAT	Pharmacy Tech	PHAR	Paramedic	PMED
Property Mgm't	PROP	Transcription	TRAN			Current Certificates for above?	
Sales	SALE	Shorthand	SHRT	Other skills, languages or hobbies – please list:			
Software	SOFT	Speed writing	SPED				
Title	TITL	10-key	TNKY				
Transportation	TRNS	# of kph					
<b>INDUSTRIAL SKILLS</b>		Millwright	MILL	Soldering	SOLD	Restaurant	REST
Assembly	ASSB	Sheet Metal	SHMT	type of		type of & job	
specify type		HVAC	HVAC	Inspection	INSP	Landscape	LNDS
Forklift	FORK	Plumber	PLMB	type of		Janitorial	JANT
types of & cert?		Pipefitter	PFIT	Shipping/Rec'g	SRCV	LAB TECH (please circle below)	LABT
Construction Labor	CLAB	Electrician	ELTR	Warehouse	WHSE	Soil Water Medical	
Water/Sewer	WSWR	Welding	WELD	Other, please describe:			
Machinist	MACH	type of					

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize Blue Ribbon Personnel Services to investigate my background inclusive of criminal records and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also authorize Blue Ribbon Personnel Services to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also understand and agree that I may be expected to work on a wide variety of job assignments in the region and agree to accept assignments for which I am qualified as they become available. I also understand my failure to report to Blue Ribbon Personnel Services for work will indicate I have quit. I also agree to submit to a drug screen upon request or as specified in the Blue Ribbon Personnel Services' substance abuse policy.

Signature  
application.rev 2/08

Date



**APPLICANT QUESTIONNAIRE**

Name: \_\_\_\_\_

Are you willing to take a drug test according to our policy? **Yes** **No**

Will you release your background information inclusive of criminal records? **Yes** **No**

Do you have your I-9 information? (i.e. Drivers license and Social Security Card or birth certificate)  
**Yes** **No**

Are you telephone accessible? **Yes** **No**

Do you have reliable transportation? **Yes** **No**

If the assignment you are applying for involves driving a motor vehicle, will you release your driving record (MVR) to us for review?

**Yes** **No**

If for a driving assignment, do you have your own transportation?

**Yes** **No**

If the answer to the above question is "Yes", will you provide us your personal automobile insurance policy identification card?

**Yes** **No**

What job(s) are you applying for?

\_\_\_\_\_

What areas are you willing to work?

\_\_\_\_\_

For what pay rate?

\_\_\_\_\_

Do you have current, valid credentials, licenses and permits (as necessary) to fill the positions for which you are applying? **Yes** **No**

If the answer to the above question is "Yes", will you authorize us to verify your credentials with the appropriate authorities? **Yes** **No**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



\*DO NOT INCLUDE\*  
DATE OF BIRTH  
OR  
SOCIAL SECURITY NUMBER UNTIL  
JOB OFFER HAS BEEN MADE

**BACKGROUND AUTHORIZATION RELEASE**

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company, or any agent of your company, to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an investigative consumer report is conducted, I will be notified in writing within three days from the request of said report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

**PLEASE WRITE CLEARLY IN BLACK INK ONLY**

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

LIST ANY OTHER NAME USED IN THE LAST 7 YEARS \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

PROFESSIONAL LICENSE HELD \_\_\_\_\_ STATE \_\_\_\_\_ LICENSE # \_\_\_\_\_

**LAST SCHOOL WHERE A DIPLOMA OR CERTIFICATE WAS RECEIVED:**

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

**LIST ANY OTHER CITIES OR TOWNS (INCLUDE THE COUNTIES) YOU HAVE LIVED IN THE PAST 7 YEARS**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

DATES \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

DATES \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

DATES \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



DRUG TESTING AUTHORIZATION RELEASE

Persons applying to Blue Ribbon Personnel Services, who are considered for assignment to certain companies, might be required to have a drug screening. In that event, you will be asked to take a urine test to detect the presence of illegal and controlled substances. Please know that only those individuals that return a **negative result** will be eligible for assignment.

Any person whose urinalysis shows a **positive result will not be eligible for assignment for 6 months**. After that time, the individual may reapply and be considered for assignment on the same basis as any other applicant.

I certify that I have read and understand the conditions of assignment above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date