

Employment Prescreen Form



ATLANTIC
ASSOCIATES, INC.
IT STAFFING SPECIALISTS

Federal law prohibits discrimination based on age, race, religion, sex or national origin. Information given through your profile cannot and will not be used for any discriminatory purpose.

PLEASE TYPE OR PRINT					
Last Name		First		Middle	
Address					
City		State		Zip Code	
Home Phone () -		Business Phone () - x		Cell Phone () -	
E-mail Address			Social Security #: - -		
Will Travel: Y <input type="checkbox"/> N <input type="checkbox"/>		Will Relocate: Y <input type="checkbox"/> N <input type="checkbox"/> Immediately? Y <input type="checkbox"/> N <input type="checkbox"/> If not, when?			
Check One: Limited <input type="checkbox"/> Extensive <input type="checkbox"/>		Location(s) Desired:			
Military: Branch of Service: From: / To: / (mm/yy)			Bilingual Skills?		
How can we best reach you? (i.e., email, home, cell, etc.)			Memberships: Professional/Social		
Education Information	Dates Attended From / To	GPA	Graduated?	Degree / Title	Major / Subjects
H.S.	/		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	/		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	/		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Professional References

Please list three individuals who have knowledge of your work-related abilities and character.

If you do not have 3 you can use one personal reference in place of one professional.

Name	Title	Known how long?	Email	Phone

Authorization: I, the undersigned candidate for employment authorize Atlantic Associates, Inc. to assist me in securing employment and to make reference checks which may include employment records, general reputation, personal characteristics, and finances. I also understand that under the Fair Credit Reporting Act, I have the right to request a copy.

X _____ Date _____

REFERRAL SOURCE

How did you hear about us?

Do you have Referrals?

<input type="checkbox"/> Friend	Name:
<input type="checkbox"/> Relative	Name:
<input type="checkbox"/> Employment Agency	Name:
<input type="checkbox"/> Other	Explain:

EMPLOYMENT HISTORY:

PLEASE LIST BELOW YOUR FORMER EMPLOYERS BEGINNING WITH THE MOST RECENT

Dates of Employment	Name and location of organization	Nature of business	Position title	Salary
-				
-				
-				

Does your present employer know you are considering leaving? Y N

Are there any employers who might not rehire you? Y N

If yes, please explain: _____

What are your current benefits? (Indicate whether you contribute to the cost and how much)

Please list your current salary and your desired salary: Current: \$ _____ Desired: \$ _____
(Base – excludes bonuses and value of benefits)

Current working days / hours:	
Interview availability days / hours:	
Do you plan to give your current employer two weeks notice? Y <input type="checkbox"/> N <input type="checkbox"/>	Are you registered with any other recruiting firms? Y <input type="checkbox"/> N <input type="checkbox"/>
Are you willing to do temporary, temp to hire, or contract work? Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, who?
Minimum hourly rate you will consider? \$. / hr	Minimum length of assignment you will consider?

VISA INFORMATION

Are you authorized to work in the United States? Y <input type="checkbox"/> N <input type="checkbox"/>
--

CRIMINAL RECORD

<p><u>Within the past 5 years have you been convicted of an offense against civil or military law, or been released from a prison or other detention facility?</u> A conviction record will not necessarily bar you from employment. Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, please indicate the nature or the offense:</p>
--

THANK YOU!