

ALLEN ASSOCIATES, INC

Date:

Please print or write neatly
Fill out both sides completely and attach resume

How did you hear of our services?

NAME:	Last	First	Position Desired:	Salary:	Minimum	Desired	Home Phone:
Full Address:				Email Address:			Bus. Phone:
							Cell:
							When available for interviews?

Education

Name of School	Location (City & State)	From	To	Grade Avg.	Graduate	Degrees/Major Subjects Studied
High School					Yes <input type="checkbox"/> No <input type="checkbox"/>	
College					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please put a check if you have the following skills:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Keyboard Speed _____ wpm | <input type="checkbox"/> Microsoft Word _____ | <input type="checkbox"/> Database _____ | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Steno _____ wpm | <input type="checkbox"/> Excel _____ | <input type="checkbox"/> Graphics _____ | <input type="checkbox"/> Full Charge |
| <input type="checkbox"/> Statistical Typing | <input type="checkbox"/> Powerpoint _____ | <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Financial Stmts. |
| <input type="checkbox"/> Legal Experience | <input type="checkbox"/> E-Mail _____ | <input type="checkbox"/> Accounting Softwares | <input type="checkbox"/> Taxes <input type="checkbox"/> G/L <input type="checkbox"/> T/B |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Mac _____ | | <input type="checkbox"/> AP <input type="checkbox"/> AR |
| <input type="checkbox"/> Data Entry | | | <input type="checkbox"/> Collections <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Other Software _____ | | | |

Please list most recent job first ... eliminate temporary jobs unless they were long term

FROM: mth/yr.	Company's Name & Address:	Type of business:	Your Title:	Salary	Reasons for leaving:
				Start:	
TO: month/yr.			Who you reported to:	End:	

For office use only
Hours:
Office:
Benefits:

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Office:

Benefits:

How much time are you willing to spend traveling to work? _____ Are you available to work overtime? _____

Do you need medical benefits? _____ If yes, which are most important? _____

What are the most important aspects of the next position you take/company you work for? _____

What duties in your present or last position have you enjoyed most? _____

Least? _____

What do you feel are your strong points? _____

What are your weak points? _____

If an interviewer says "Tell me why I should hire you", what would you say? _____

Briefly list your major accomplishments & /or awards received in your current and past positions: _____

What companies or agencies have you contacted or interviewed with recently? _____

Besides yourself, can you recommend someone who is excellent and looking for a new job?

Name	Job Title	Phone#	Town they are from

I acknowledge that the information given in this application is true. I understand that ALLEN ASSOCIATES, INC. may check references on my background and these references may be presented to prospective employers for evaluation.

Applicant's Signature: _____ Date: _____

INTERVIEWS For Office Use Only

Company	Job Title	Date	Results

EVALUATION: