



**INTERVIEW DATA FORM**  
PLEASE DO NOT WRITE IN BORDER SHADED AREAS

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Reference #1 \_\_\_\_\_

Reference #2 \_\_\_\_\_

Background \_\_\_\_\_

LAST NAME

SOCIAL SECURITY #									
FIRST NAME			MIDDLE NAME			LAST NAME			
ADDRESS					APT. NO.				
CITY									
STATE					ZIP				
EMAIL ADDRESS									
USE STATUS: E+   E   E-   F									
PRIMARY PHONE NUMBER									
SECONDARY PHONE NUMBER									
OTHER PHONE TYPE (FAX #, 2ND CONTACT #, MESSAGE #)									
NUMBER:									
EMERGENCY CONTACT NAME:									
EMERGENCY PHONE NUMBER									

FIRST NAME

APPLICATION TODAY'S DATE / /		PRIOR TEMPORARY EXPERIENCE? (PLEASE LIST COMPANIES YOU HAVE WORKED WITH IN THE PAST)	
WHAT TYPE OF EMPLOYMENT ARE YOU LOOKING FOR?			
DRIVER'S LICENSE #			
(INCLUDE CLASS AND ENDORSEMENTS)		STATE	
HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO   (Each instance will be considered in relation to the position for which you are applying)			
CONV. / DATE			
P.O. / COUNSELOR / PHONE			

AVAILABILITY		DAYS		1ST SHIFT	2ND SHIFT	3RD SHIFT
FIRST DATE AVAILABLE	LAST DATE AVAILABLE	MONDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TUESDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALARY DESIRED \$	MINIMUM SALARY \$	WEDNESDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		THURSDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUR PREFERENCE	HOURS/WEEK	FRIDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SATURDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL DISTANCE		SUNDAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MILES-1 WAY						
OVERTIME OK: <input type="checkbox"/> YES <input type="checkbox"/> NO						
TRANSPORTATION: <input type="checkbox"/> ADVANCE NOTICE REQUIRED <input type="checkbox"/> BUS LINE <input type="checkbox"/> CAR ALWAYS AVAILABLE <input type="checkbox"/> CAR POOL / RIDE <input type="checkbox"/> TAXI <input type="checkbox"/> OTHER						
NOTICE REQUIRED: <input type="checkbox"/> SAME DAY <input type="checkbox"/> 1 DAY <input type="checkbox"/> MORE THAN 1 DAY   AREA PREFERRED						
ASSIGNMENT DURATION: <input type="checkbox"/> LONG OR SHORT TERM <input type="checkbox"/> LONG TERM (OVER 2 WEEKS) <input type="checkbox"/> SHORT TERM (UNDER 2 WEEKS) <input type="checkbox"/> NOT APPLICABLE						
RESTRICTIONS: <input type="checkbox"/> LAYOFF / RECALL <input type="checkbox"/> STUDENT <input type="checkbox"/> NONE   DETAILS:						

HIGHEST EDUCATION ATTAINED

INSTITUTION NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

INSTITUTION TYPE:  HIGH SCHOOL    TECHNICAL OR TRADE SCHOOL    COMMUNITY COLLEGE    UNIVERSITY    OTHER

DEGREE TYPE: \_\_\_\_\_

MAJOR STUDY: \_\_\_\_\_  OTHER STUDY / MINOR:

INTERVIEW WORKSHEET - GENERAL    RESUME ATTACHED    CERTIFICATION ATTACHED    OTHER DOCUMENT ATTACHED

PLEASE LIST COMPANIES YOU HAVE CONTACTED FOR EMPLOYMENT SO WE WILL NOT DUPLICATE YOUR EFFORTS.

COMPANY / CITY	CONTACT / TITLE	COMPANY / CITY	CONTACT / TITLE
1 _____	_____	3 _____	_____
2 _____	_____	4 _____	_____

CO-WORKERS PAST AND PRESENT WHO CAN COMMENT ON YOUR PERFORMANCE AND COMPETENCE

NAME / TITLE	COMPANY / PHONE	NAME / TITLE	COMPANY / PHONE
1 _____	_____	2 _____	_____

ACQUAINTANCES WHO COULD USE OUR SERVICES

NAME / TITLE	COMPANY / PHONE	NAME / TITLE	COMPANY / PHONE
1 _____	_____	2 _____	_____

