

An Equal Opportunity Employment Agency

TODAY'S DATE

Expert Staffing Solutions

Fill in applicable information

Name	Former Nam				Phone (H)				(C)				
Street Address City				State Zip				Last 4 digits of Soc. Sec. #					
Position desired				2ndChoice				E-Mail Address:					
Salary Desired Least Accepted What				transportation do you use? Location preferred:									
Name of High School:				City State					Diploma G.P.A.				
Name of College Attended:				Yrs Completed					Major	Minor	Degree	G.P.A.	
Other Education:				Yrs Completed					Courses?	G.P.A.	Degree?		
Foreign Languages: Excellent 🗌 Good 🔲 Poor 🔲				Current Typing Speed:					Circle to in Payroll	to indicate experience Billing Bkkpping D/E AP Switchbrd Filing			
LIST ALL SOFTW	ARE EXPERIE	NCE:							Dictaphone		10 key ad		
CHECK ALL AREAS OF	Trademark Prosecution	Trademark Litigation	Real Estate	Trust/Estate	Construction		nkruptcy ap. 7/13		Toxic Tort	Criminal	leasing		
LEGAL EXPERIENCE	I.P. Prosec.	I.P. Lit.	Tax	Contract	Collections	Lit	igation	Family	Ins. Def.	Plaintiff P. I.			
	Docketing	Immigration	Labor	Securities	Corporate		nkruptcy hap. 11	Civil	Federal	State	Medica Malpra	1	
LIST WORK	Firm Name					•		Job Title					
EXPERIENCE	Address, City, State												
Time employedYrsMos. FromTo	Company Phone#						List Duties	:					
Start Salary Final salary	,			No. of Office Employees									
Reason for leaving t	his job:			Name of Super	visor:								
Previous Position Time employed YrsMos.	Firm Name						Job Tit						
From			Name of Supe				•	visor:					
Address, City, State					List Duties:								
Start Salary Company Phone# Final Salary Firm's Business No. of Office Employees													
Final Salary Reason for leaving t	Firm's Busine	ess ———————————————————————————————————		No. of Office E	mployees		-						
0				Address City	Chaha			Tob Title	8- Duties				
Previous position Firm Name YrsMos.			Address, City, State				Job Title & Duties						
Reason for leaving t	his job:			How did you h	near of Avanti	Staffin	g, Inc. or	who referre	d you?				
FOR OFFICE USE LEAVE BLANK T L		I hereby attest to Avanti Staffing, Inc. and any and all clients or anyone else relying on such information, that the information supplied by me on this application is truthful to the best of my knowledge. I agree that any false statements on this application or in a personal interview shall be sufficient cause for rejection or dismissal. May we contact your current employer?											
PP A		WP		your signature)			Yes						



I hereby authorize Avanti Staffing, Inc. to investigate my past education and employment activities and release from all liability any and all persons requesting and supplying such information. (Signature of Applicant)

REFERENCE:	
Name	_
Address	_
Phone	_
Co. Employed	_
Position	
Yrs. Known	-
REFERENCE:	
Name	-
Address	_
Phone	_
Co.Employed	
Position	
Yrs. Known	-
REFERENCE:	
Name	-
Address	_
Phone	=
Company where employed	
Position	
Yrs. Known	-
Please list two personal references in the space provided below.	
PERSONAL REFERENCE:	
Name	-
Address	_
Phone	_
Yrs. Known	-
PERSONAL REFERENCE:	
Name	-
Address	

Phone ______Yrs. Known _____

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