



**MetroWest
Staffing**

PHONE

Office: 651-207-6285
Direct: 651-359-0019

EMAIL

hello@metroweststaffing.com

FAX

612-500-4443

ADDRESS

1299 Arcade Street Suite 204C
Saint Paul MN 55106

Employment Application

MetroWest Staffing is an equal opportunity employer. We comply with all federal, state, and local laws regarding employment practices. All information requested on this application intended to be job related and will not be used in any unlawful discriminatory manner. We are committed to making reasonable accommodation for people with disabilities. Please let us know if you need any special assistance.

Personal Data

Today's Date

Full Name

(First, Middle, Last)

Address

House #, Street
City, State, Zip

Phone Number

Email

Social Security Number

Date of Birth

Have you ever worked for MetroWest Staffing or any of our subsidiaries before?

Yes

No

Position applying for

Expected Pay

Hourly Rate or Annual Salary

Preferred Work Schedule	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
--------------------------------	------------------------------------	------------------------------------	------------------------------------

Available Start Date		Available Time to Work	
-----------------------------	--	-------------------------------	--

If hired, will you be able to perform the essential functions of the position that you are applying for? If the answer is no, then please explain why.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education

Type of School	School Name	City, State	Highest Level Completed	Year Graduated	Degree/Major
High School					
College					

Skills

Please list all relevant skills and indicate your level of expertise or experience.

Please list all relevant licenses, registrations, and certifications related to your desired position. Include relevant details such as Type, State, Numbers, Year Received, and Expiration Date.

Work History

Company Name		City, State	
Supervisor Name		Phone	
Position		Dates Worked (Month/Year) - (Month/Year)	
Starting Pay		Ending Pay	
Responsibilities			
Reason for leaving?			

Company Name		City, State	
Supervisor Name		Phone	
Position		Dates Worked (Month/Year) - (Month/Year)	
Starting Pay		Ending Pay	
Responsibilities			
Reason for leaving?			

Company Name		City, State	
Supervisor Name		Phone	
Position		Dates Worked (Month/Year) - (Month/Year)	
Starting Pay		Ending Pay	
Responsibilities			
Reason for leaving?			

Applicant Certification

I certify that I am legally authorized to work in the United States and the information set forth in this employment application are true and complete to the best of my knowledge. I understand that any omissions or false/misleading statements on this application shall be sufficient grounds for dismissal of employment. I hereby authorize MetroWest Staffing ("MWS") to conduct background checks for employment purposes. I release and waive any claims I may have against MWS or its employees or representatives as a result of their good faith compliance with information requests. I understand and agree that my employment may be terminated at any time, with or without notice, by myself or by MWS. Furthermore, I understand and agree that no employee or officer has the authority to promise me employment for any specified period of time. I understand that the policies and procedures of MetroWest Staffing in effect would govern any employment from time to time.

Signature of Applicant	Date

Application Return Instructions

You may return your completed application using any of the following methods:

Email	hello@metroweststaffing.com
Fax	612-500-4443
Drop off or Mail to	MetroWest Staffing 1299 Arcade Street Suite 204C Saint Paul MN 55106

For assistance with this application, please contact:

Email	hello@metroweststaffing.com
Phone	651-359-0019