



Waukegan 847-249-1100 • FAX 249-1133
 Libertyville 847-816-6500 • FAX 816-9250

DATE _____ COUNSELOR _____

WHAT SOURCE LED YOU TO OUR FIRM? _____

HAVE YOU EVER BEEN TO ANY MATTHEWS OFFICE BEFORE? YES NO

HAVE YOU EVER BEEN PLACED BY MATTHEWS? YES NO

PLEASE ANSWER CAREFULLY AND COMPLETELY ALL QUESTIONS WHICH APPLY TO YOU. TO BE CONSIDERED A VIABLE APPLICANT OF MATTHEWS YOU MUST SUPPLY HEREIN A CONCISE SUMMARY OF YOUR BACKGROUND, INTERESTS, ABILITIES, AND AMBITIONS SO A DETERMINATION CAN BE MADE AS TO WHETHER WE WILL BE ABLE TO HELP YOU IDENTIFY A POSITION THAT MEETS YOUR DESIRES AND QUALIFICATIONS. IT SHOULD BE UNDERSTOOD THAT IN ORDER TO BECOME A MATTHEWS APPLICANT, WE MUST HAVE RECEIVED THIS WRITTEN APPLICATION COMPLETED IN DETAIL. YOU MUST HAVE HAD A FACE-TO-FACE INTERVIEW WITH ONE OF OUR CONSULTANTS, AND AN AGREEMENT MUST BE IN PLACE BETWEEN YOUR CONSULTANT AND YOU ON WHAT THE GOALS OF THAT RELATIONSHIP ARE TO BE. ALL DATA IS CONFIDENTIAL. THIS APPLICATION AND ALL OTHER MATERIALS RECEIVED ARE THE WORK PRODUCT OF MATTHEWS, INC.

LAST NAME _____ FIRST _____ MIDDLE _____ MAIDEN NAME _____ NICKNAME _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____ CELL/PAGER # _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____ ALTERNATE PHONE _____ E-MAIL _____

ARE YOU UNDER 18? YES NO
 ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME TEMPORARY
 ARE YOU A SMOKER? YES NO
 SOCIAL SEC. OR EMP. AUTH. CARD # _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

CURRENT DRIVER'S LICENSE? YES NO CAR? _____ OTHER TRANSPORTATION? _____

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THIS COUNTRY? YES NO VETERAN? YES NO

BRANCH OF SERVICE _____ RANK _____ DUTY (M.O.S.) _____ DATE SERVICE STARTED _____ DATE SERVICE ENDED _____

SPECIFIC OFFICE SKILLS: NOTE WHERE APPLICABLE	KEYBOARD SPEED	DICTAPHONE	CORRESPONDENCE	10 KEY	FAX	PAYROLL	BOOKKEEPING
	CREDIT/COLLECTIONS	INVENTORY	PURCHASING	DATA ORDER ENTRY	TRAFFIC	SWITCHBOARD	DESKTOP PUBLISHING
	FOREIGN LANGUAGES	COMPUTER: HARDWARE		COMPUTER: SOFTWARE		COMPUTER: LANGUAGES	

EDUCATION	SCHOOL	DATES FROM TO		NAME OF SCHOOL	CITY	MAJOR COURSE OR SUBJECT	GRADUATE? DEGREE?	GRADE AVERAGE	(*) ACTIVITIES
	HIGH SCHOOL 1 2 3 4								
COLLEGE (OR JR.) 1 2 3 4									
NIGHT SCHOOL / GED									
BUSINESS COLLEGE									
ADDITIONAL EDUC.									

LIST YOUR MOST RECENT POSITION FIRST: The more we know about you, the better we can serve you. Be accurate and complete.

DATES FROM _____ TO _____ FIRM NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR: NAME/TITLE _____ FIRM'S PHONE _____ STARTING SALARY _____ PLUS COMM./BONUS? _____ JOB TITLE _____ DUTIES _____ REASON FOR LEAVING _____ FINAL SALARY _____

DATES FROM _____ TO _____ FIRM NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR: NAME/TITLE _____ FIRM'S PHONE _____ STARTING SALARY _____ PLUS COMM./BONUS? _____ JOB TITLE _____ DUTIES _____ REASON FOR LEAVING _____ FINAL SALARY _____

EMPLOYMENT DATES FROM	TO	COMPANY NAME AND ADDRESS	POSITION OR TYPE OF WORK	SALARY OR WAGES	REASON FOR LEAVING

BUSINESS EXPERIENCE RECORD, Continued

WHICH POSITION DID YOU LIKE BEST? _____ WHY? _____

WHICH POSITION DID YOU LIKE LEAST? _____ WHY? _____

IF YOU ARE PRESENTLY EMPLOYED, WHY DO YOU WISH TO LEAVE YOUR POSITION NOW? _____

_____ RATE YOUR SENSE OF URGENCY 1 2 3 4 5 6 7 8 9 10
LOW HIGH

ARE THERE OTHER INDIVIDUALS WHO WILL INFLUENCE YOUR DECISION TO ACCEPT A JOB OFFER AS IT RELATES TO SALARY, LOCATION OR JOB DUTIES?

IF YES, WHAT IS THEIR RELATIONSHIP TO YOU? _____ WHAT ARE THEIR EXPECTATIONS FOR YOU? _____

WHEN ARE YOU AVAILABLE FOR INTERVIEWS? _____

WHAT IS THE EARLIEST DAY YOU CAN START WORK (Be specific.) _____

HOBBIES, CLUBS, ASSOCIATIONS OR OTHER INTERESTS (OPTIONAL) _____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB? _____ WHY? _____

BONDED? _____ WHEN? _____ GOVT. SECURITY CLEARANCE? _____ WHEN? _____

IF HIRED, WOULD YOU BE ABLE TO PERFORM ALL FUNCTIONS AND ALL NECESSARY JOB ASSIGNMENTS OF THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? IF NOT, PLEASE EXPLAIN: _____

SPOUSE EMPLOYED BY _____ OCCUPATION/DEPT. _____
(FIRM) (PHONE)

POSITION NOW DESIRED (State specifically. Also give second and third choices):

1. _____ 2. _____ 3. _____

SALARY DESIRED: \$ _____ SALARY WILL ACCEPT \$ _____

HOW FAR WILL YOU COMMUTE? _____ ARE YOU OPEN TO RELOCATION? _____

WHAT IS YOUR ULTIMATE CAREER GOAL? _____

IF YOU HAVE MADE APPLICATION OR SCHEDULED INTERVIEWS ANYWHERE WITHIN THE LAST THREE MONTHS, PLEASE LIST. THIS WAY YOUR COUNSELOR WILL KNOW WHICH FIRMS NOT TO BE CONTACTED FOR YOU.

DATE _____ CO. NAME _____ SOURCE _____	DATE _____ CO. NAME _____ SOURCE _____
DATE _____ CO. NAME _____ SOURCE _____	DATE _____ CO. NAME _____ SOURCE _____
DATE _____ CO. NAME _____ SOURCE _____	DATE _____ CO. NAME _____ SOURCE _____

ARE YOU PARTICULARLY INTERESTED IN ANY OF THE ABOVE? _____

DO YOU HAVE AN OFFER OF EMPLOYMENT WITH ANY OF THE ABOVE? _____

PLEASE LIST TWO PERSONAL REFERENCES (CO-WORKERS OR SUPERVISORS – PEOPLE WHO KNOW YOUR ABILITIES AND WORK HABITS – **NOT** RELATIVES, PERSONAL FRIENDS OR PROMINENT CITIZENS).

NAME _____	NAME _____
HOME ADDRESS _____	HOME ADDRESS _____
HOME PHONE _____ WORK PHONE _____	HOME PHONE _____ WORK PHONE _____
POSITION _____	POSITION _____
COMPANY _____	COMPANY _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

THE ANSWERS GIVEN AND ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE AND CORRECT. I AUTHORIZE ALL MY PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS AND/OR REFERENCES TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, HABITS, EDUCATIONAL OR EMPLOYMENT RECORDS FOR PURPOSES OF EMPLOYMENT DECISIONS. I HEREBY EXPRESSLY AUTHORIZE MATTHEWS EMPLOYMENT SPECIALISTS, INC. ("MATTHEWS") TO PREPARE INVESTIGATIVE CONSUMER REPORTS BASED ON SUCH INFORMATION AND TO COMMUNICATE WITH PROSPECTIVE EMPLOYERS REGARDING THE RESULTS OF THOSE REPORTS. I ALSO AUTHORIZE DRUG SCREENING IN CONNECTION WITH MY HIRING AND/OR EMPLOYMENT, THE RESULTS OF WHICH MAY BE COMMUNICATED IN A REPORT TO A PROSPECTIVE EMPLOYER. I UNDERSTAND THAT I HAVE A RIGHT TO REQUEST INFORMATION CONTAINED IN MY FILES, SUBJECT TO THE TERMS OF THE FAIR CREDIT REPORTING ACT. I HEREBY RELEASE ALL SUCH PERSONS IDENTIFIED HEREIN FROM LIABILITY OR DAMAGE INCURRED AS A RESULT OF SUCH INQUIRIES AND THE GATHERING AND/OR FURNISHING OF SUCH INFORMATION AND REPORTS.

WITNESS: INTERVIEWER _____ APPLICANT'S SIGNATURE _____