

New Employee Information



Employee Data			
Name:		SSN:	
Current Address:			
City:	State:	Zip:	
Phone:	How long have you resided at current address?		
Prior Address:			
City:	State:	Zip:	
Phone:	How long have you resided at prior address?		
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Have you worked for XIOS in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, when?
Names of friends or relatives who presently work for XIOS:			

Emergency Contact Information			
Name	Relationship	Address	Phone
			Home Cell
			Home Cell

Position Desired							
Position:		Desired Weekly Salary:			Date you can start:		
Availability:	<u>Monday</u> closed	<u>Tuesday</u> <input type="checkbox"/> Day <input type="checkbox"/> Night	<u>Wednesday</u> <input type="checkbox"/> Day <input type="checkbox"/> Night	<u>Thursday</u> <input type="checkbox"/> Day <input type="checkbox"/> Night	<u>Friday</u> <input type="checkbox"/> Day <input type="checkbox"/> Night	<u>Saturday</u> <input type="checkbox"/> Day <input type="checkbox"/> Night	<u>Sunday</u> <input type="checkbox"/> Day <input type="checkbox"/> Night
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Employment History			
List your past three (3) employers, beginning with the most recent.			
Company	Address	Phone	Supervisor
1.			
2.			
3.			

Educational Background

List the past three (3) schools you attended, beginning with the most recent.

Name & Address	Years Completed	Did you graduate?	Major/Degree
1.			
2.			
3.			

General

List any foreign languages you speak and check your level of fluency:

	<input type="checkbox"/> Minimal <input type="checkbox"/> Fluent <input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Minimal <input type="checkbox"/> Fluent <input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Minimal <input type="checkbox"/> Fluent <input type="checkbox"/> Read <input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

Security

Have you ever been bonded? Yes No

If so, explain:

Have you been convicted of a felony within the past 5 years? Yes No

If so, explain (this will not necessarily exclude you from consideration):

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application will be grounds for dismissal.

Employee Signature:	Date:
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