

Interviewer: _____	<b>PLEASE DO NOT WRITE IN SHADED AREAS FOR OFFICE USE ONLY</b>	LOB: _____
Review: _____ / _____ / _____		I9 Complete: _____ Exp Date: _____

CONTACT INFORMATION	FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME	
	STREET ADDRESS			APT. / CONDO NUMBER	SOCIAL SECURITY NUMBER
	CITY	STATE	ZIP CODE	COUNTY	PERSONAL WEBSITE
	CELL PHONE	HOME PHONE	WORK PHONE	ALTERNATIVE PHONE	WORK E-MAIL ADDRESS
	EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE NUMBER	RELATIONSHIP TO EMERGENCY CONTACT	PERSONAL E-MAIL ADDRESS
	ARE YOU ON LINKED-IN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ON TWITTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	→	TWITTER ID	ARE YOU ON FACEBOOK? <input type="checkbox"/> YES <input type="checkbox"/> NO

SEARCH CRITERIA	TITLE OF POSITION SEEKING		WHEN ARE YOU ABLE TO START? <input type="checkbox"/> Immediately <input type="checkbox"/> 2 Weeks After Offer <input type="checkbox"/> Other _____	
	WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING? (PLEASE CHECK ALL THAT APPLY)		IS IT LEGAL FOR YOU TO WORK IN THIS COUNTRY?	
	TEMPORARY    Temporary to Hire    Direct Hire Placement    Contract    Contract to Hire <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		YES    NO <input type="checkbox"/> <input type="checkbox"/>	
			HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (SEE NOTES 1 & 2) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
	<b>FOR TEMPORARY OR CONTRACT POSITIONS</b>		<b>FOR DIRECT HIRE POSITIONS</b>	
	DO YOU REQUIRE A MINIMUM DURATION OF ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE SPECIFY HOW LONG →	CAN YOU WORK AT LOCATIONS NOT ACCESSIBLE BY PUBLIC TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU TRAVEL? (SELECT ONE) 0%    UP TO 10%    UP TO 25% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UP TO 50%    OVER 50% <input type="checkbox"/> <input type="checkbox"/>
	DO YOU REQUIRE A MAXIMUM DURATION OF ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE SPECIFY HOW LONG →	DO YOU REQUIRE RELOCATION REIMBURSEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED FOR A POSITION WITH STRATIGI STAFFING OR ITS AFFILIATES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN:
	CAN YOU WORK AT LOCATIONS NOT ACCESSIBLE BY PUBLIC TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT HOURS DO YOU PREFER TO WORK?	MINIMUM ACCEPTABLE ANNUAL SALARY	WHERE:
	DESIRED HOURLY RATE?	HOW MANY MINUTES WILL YOU COMMUTE TO WORK?	DESIRED ANNUAL COMPENSATION	HOW DID YOU HEAR ABOUT US?
	MINIMUM ACCEPTABLE HOURLY RATE?	WILL YOU TRAVEL? (SELECT ONE) 0%    UP TO 10%    UP TO 25% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UP TO 50%    OVER 50% <input type="checkbox"/> <input type="checkbox"/>		

Please Complete This Section In Its Entirety. Attach Your Resume With Application. List Your Most Recent Job First.

EMPLOYMENT HISTORY

COMPANY NAME AND LOCATION	WHAT DOES COMPANY DO?		POSITION AND DUTIES	SALARY	DATE STARTED	REASON FOR LEAVING	# EMP SUPERVISED
	# EMPLOYEES	REV IN MILL		BONUS	DATE ENDED		SOFTWARE USED

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PLEASE LIST YOUR VOLUNTEER WORK OR SPECIAL PROJECTS:

EDUCATION	DEGREE PURSUED	% COMPLETE	COLLEGE / SCHOOL AND LOCATION	GPA	MAJOR

MEMBERSHIPS	PLEASE LIST ALL PROFESSIONAL ORGANIZATIONS / AFFILIATIONS AND / OR MEMBERSHIPS	

SKILLS	<u>LIST YOUR TOP 5 PROFESSIONAL SKILLS IN ORDER OF PROFICIENCY</u>	<u>LIST YOUR TOP 5 SOFTWARE SKILLS AND PROFICIENCY LEVEL</u>	<u>LIST YOUR TOP 5 SKILLS YOU NEED IMPROVEMENT ON</u>
	1)	1) <input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	1)
	2)	2) <input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	2)
	3)	3) <input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	3)
	4)	4) <input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	4)
	5)	5) <input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	5)

FOR OFFICE USE

REFERENCES

**SUPERVISORY REFERENCES**

NAME	COMPANY	TITLE	PHONE

**SUBORDINATE REFERENCES**

NAME	COMPANY	TITLE	PHONE

**PEER REFERENCES**

NAME	COMPANY	TITLE	PHONE

CERTIFICATE OF CANDIDATE

**This Section Must Be Completed By All Candidates**

**General:** I have submitted the attached to Innovative Systems Group, Inc. (ISG, INC.) or one of its affiliate companies for the purpose of obtaining assistance in securing full-time, temporary, or contract employment. I understand that I will never be charged a fee by ISG, INC. or any of its affiliates. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate ISG, INC. or any of its affiliates to further process my application. I certify as to the accuracy of the matters set forth herein and in any resume and understand that any misstatement of fact may cause me to be refused employment or to lose employment.

**References:** I hereby authorize ISG, INC. and its subsidiaries and agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize ISG, INC. and its subsidiaries and agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**Authorization & Release:** As a registered candidate of ISG, INC., I may elect to participate in certain programs, including, but not limited to, training, assessment, and certification programs and courses ("Programs"). As a condition of my participation in the Programs, I authorize ISG, INC. to release certain data, including, but not limited to, exam scores, testing data, and personal data related to my participation in the Programs ("Data"). I hereby release ISG, INC., its subsidiaries, and their employees, agents from any and all liability relating to my participation in the Programs and ISG, INC.'s release of Data.

**Temporary / Contract Employment:** If employed as a temporary or contract employee, I understand that I will be an employee of ISG, INC. or one of its affiliates and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason with or without cause or advance notice. I acknowledge that job assignments may be sporadic, intermittent, unpredictable, and irregular. As a result, significant gaps may occur between assignments. There mere end of one assignment will not, by itself, constitute or be considered a discharge, release, resignation, or termination of the employment relationship. While the employment relationship continues, I understand that I will remain eligible for consideration by my ISG, INC. division for future suitable assignments, even if I am currently between assignments. I understand that I may take advantage, on a purely voluntary basis, of training resources offered by my ISG, INC. division between assignments. I understand that I will not earn wages except when I perform actual work on assignments given by my ISG, INC. division or when otherwise required by law. During and after assignments, I will be paid in accordance with the regular payday rules. If I expressly notify my ISG, INC. division of my decision to quit, or if I am terminated, I understand that my final wages may be paid on an alternative schedule if the law requires. I further understand that a contract will exist between my ISG, INC. division and each client to whom I may be assigned which will require the client to pay a fee to the ISG, INC. division in the event I accept direct employment with the client. I agree to notify my ISG, INC. division supervisor immediately should I be offered direct employment by a client (or by a referral of the client to any subsidiary or affiliated company), either for a full-time, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

I understand that I am not permitted to render an opinion on behalf of ISG, INC. on financial information (i.e. financial statements, tax returns, medical diagnosis, etc.) I will not sign the name of ISG, INC. or any of its divisions on any document or my name to legal documents for any client. Under no circumstances will I sign, endorse, wire, transport, or otherwise convey cash, securities, checks or any other negotiable instruments or valuables of any client without prior written consent of my ISG, INC. Supervisor.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_