

CONFIDENTIAL PROFESSIONAL PROFILE

Today's Date		Interviewer	
Name (last)		First	MI
Home Phone	Message/Business Phone	E-mail	Pager/Cell
Present Street Address		City	State Zip Code
Permanent Address if different		City	State Zip Code
Name and number of closest relative not living with you			
How did you hear about COMFORCE?			
Current or most recent pay rate \$			
Reason for leaving last/current job			
Date available for employment	Time available for interview	Do you wish to be considered for contract assignments that require pre-employment testing for the use of illegal drugs and alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other than minor traffic offenses, have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain. (Each case is individually considered.)		Checking yes does not automatically disqualify job applicants. If you checked yes, please complete supplemental questionnaire.	
Are you willing to accept out of town assignments? YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you relocate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, where?	
EDUCATION			
	NAME OF SCHOOL	GRADUATED	MAJOR/GPA DEGREE
HIGH SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER		YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREVIOUS PERMANENT EMPLOYMENT			
1	DATES FROM	NAME, ADDRESS & PHONE NUMBER OF COMPANY	NAME OF SUPERVISOR/TITLE
	TO		SALARY \$
		REASON FOR LEAVING	YOUR POSITION
2	DATES FROM	NAME, ADDRESS & PHONE NUMBER OF COMPANY	NAME OF SUPERVISOR/TITLE
	TO		SALARY \$
		REASON FOR LEAVING	YOUR POSITION
3	DATES FROM	NAME, ADDRESS & PHONE NUMBER OF COMPANY	NAME OF SUPERVISOR/TITLE
	TO		SALARY \$
		REASON FOR LEAVING	YOUR POSITION
PREVIOUS CONTRACT EMPLOYMENT			
1	DATES FROM	NAME, ADDRESS & PHONE NUMBER OF COMPANY WHERE ASSIGNED	NAME OF SUPERVISOR/TITLE
	TO		SALARY \$
		THROUGH WHICH FIRM?	YOUR POSITION
2	DATES FROM	NAME, ADDRESS & PHONE NUMBER OF COMPANY WHERE ASSIGNED	NAME OF SUPERVISOR/TITLE
	TO		SALARY \$
		THROUGH WHICH FIRM?	YOUR POSITION
3	DATES FROM	NAME, ADDRESS & PHONE NUMBER OF COMPANY WHERE ASSIGNED	NAME OF SUPERVISOR/TITLE
	TO		SALARY \$
		THROUGH WHICH FIRM?	YOUR POSITION

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2009

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

References: Four persons, at least two supervisors who can attest to your skills

1 Type or print your first name & middle initial		Last name		2 Your social security number	
Home Address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box</small>		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card <input type="checkbox"/>		
5 Total number of allowances you are claiming					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, enter "EXEMPT" here					
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (Form is not valid unless you sign it) _____ Date _____					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)			9 Office code (optional)	10 Employer identification number (EIN)	
Person to notify in Case of Emergency					
Phone		Address		City	

1. Name _____ Title _____
Company _____
Telephone _____ Yrs. Known _____
2. Name _____ Title _____
Company _____
Telephone _____ Yrs. Known _____
3. Name _____ Title _____
Company _____
Telephone _____ Yrs. Known _____
4. Name _____ Title _____
Company _____
Telephone _____ Yrs. Known _____

CAREER CONSULTATION

- Please give the following questions very serious thought.
- Your candid answers will help us counsel you on your career path.

1. a. What is most important to you in terms of your career? _____
 b. Where do you see yourself in two years? _____

2. Rank in order of priority, 1 being highest Benefits Money Location Advancement Challenges Security

3. Can this be achieved at current company? Yes No 4. Have you discussed that with your boss? Yes No

5. What do you like about your present job/company? _____

6. What don't you like? _____

7. Under what circumstances could your present company retain you? _____

8. How long have you been looking? _____ 9. What have you done? _____

10. So that we will not waste your time in duplicating your efforts, please list the companies that you have contacted.

1. _____ 3. _____ 5. _____ 7. _____
 2. _____ 4. _____ 6. _____ 8. _____

I have been given a copy of the COMFORCE Staffing Services Substance Abuse and Drug Free Workplace Policy to read. I understand that I may ask any questions I wish regarding its contents and that if I am employed by COMFORCE I agree to abide by this policy.

WITNESS	APPLICANT'S SIGNATURE	DATE
I hereby affirm that all information given by me on this Professional Profile is true and complete. I further understand that it is my continuing responsibility to keep the information provided up to date and to notify COMFORCE as soon as possible of any change in any of the answers provided on this form and/or on the supplemental questionnaire. If my answers are untrue or misleading, you have the right to dismiss me immediately. If selected for employment, I agree to provide documentation showing that I am authorized to work in the U.S. You may contact my former employers for references and release the information received and contained on this Professional Profile to your clients and insurance companies and may give references on me. If any other credit, criminal, drug screen, or any similar background check is conducted on me, I authorize you to release the results to your clients and/or potential clients to whom you identified me as a candidate. If I work for you, I will be your employee. I will obtain permission before discussing non-temporary employment with your clients. I will keep confidential all information I learn from your clients. I will notify you when my temporary assignments end. If I don't, it means that I am not available for work. I understand that my employment may be terminated at any time for any reason and that you will only be liable to me for wages earned up to termination. I agree to obtain written consent from COMFORCE prior to accepting employment directly, indirectly or through another service with any COMFORCE Client where I have been assigned for one year from the last day of my assignment by COMFORCE to that Client.		
DATE _____	APPLICANT'S SIGNATURE _____	

DO NOT WRITE BELOW THIS LINE					
	E	AA	A	BA	COMMENTS AND RECOMMENDATIONS Min. Hrly Rate \$
Appearance					
Attitude					
Communication					
Speech					
Job Knowledge					
Experience Level					
Geographic Preference:			Interviewed by:		
REFERENCES CHECKED	Company Name	Phone <input type="checkbox"/> Mail <input type="checkbox"/>	Company Name	Phone <input type="checkbox"/> Mail <input type="checkbox"/>	Company Name