

## KJS Resources Personnel Record

<b>Applicant #</b>		<b>Date:</b>	<b>Date of Birth:</b>	
<b>Name: Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>
<b>Other Names:</b>				
<b>Address:</b>		<b>City:</b>		<b>State:</b>
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>		
<b>Social Security Number:</b>		<b>Is your driver's license valid?</b>		<b>No      Yes</b>
<b>List all driving violations within the last 7 years:</b>				
<b>Have you ever been arrested?</b>		<b>No      Yes</b>		
<b>Explanation</b>				
Message information: If KJS Resources is unable to contact me at the above phone number, the following individuals may be called in an attempt of notification				
<b>Name of Person</b>		<b>Relationship</b>		<b>Phone Number</b>

<b>Additional Information</b>				
<b>E-mail address:</b>		<b>Facebook Name:</b>		
<b>Have you ever applied with KJS Resources:</b>		<b>No      Yes</b>	<b>When:</b>	
<b>Have you ever work with KJS Resources:</b>		<b>No      Yes</b>		
<b>When:</b>		<b>Where:</b>		
<b>Are you currently employed:</b>		<b>No      Yes</b>	<b>Where:</b>	
<b>Position:</b>		<b>Hours:</b>		<b>Days:</b>
<b>Why do you want to leave:</b>				
<b>Do you smoke or use Tobacco product:</b>		<b>No      Yes</b>	<b>What:</b>	
<b>Have you opereted a cash register:</b>		<b>No      Yes</b>	<b>Where:</b>	
<b>What is Your current credit score:</b>				
<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Bad</b>	<b>Bankruptcy      No Credit</b>
<b>Do you speak a second language fluently other than English:</b>		<b>No      Yes</b>	<b>What?</b>	
<b>Deegree or Certificates of training:</b>		<b>No      Yes:</b>	<b>Check all that apply</b>	
<b>PHD</b>	<b>Master's Degree</b>	<b>Bachelor's Degree</b>		<b>Associates Degree</b>
<b>RN license</b>	<b>LVN licence</b>	<b>CNA license</b>		<b>RDA</b>
<b>TB Skin test</b>	<b>CPR</b>	<b>Class "A" or "B" CDL</b>		<b>Medical Eaminer's Certificate</b>
<b>Other license:</b>				
<b>Are you Currently attending school or college</b>		<b>No      Yes</b>	<b>Where:</b>	
<b>Do you have any Tattos      Piercings</b>		<b>Where:</b>		
<b>Do you want to put on a temporary job call list:</b>		<b>No      Yes</b>	<b>Check field bellow</b>	
<b>Clerical</b>	<b>Labor</b>	<b>Medical</b>	<b>Food Service</b>	<b>Custodial</b>
<b>Do you have any sales experience from your past employment:</b>		<b>No      Yes</b>		
<b>When:</b>		<b>Where:</b>		<b>How long:</b>
<b>Have you Supervised Employees in your past employment:</b>		<b>No      Yes</b>		
<b>When:</b>		<b>Where:</b>		<b>How long:</b>

# KJS Resources Recap of Clerical/ Accounting Skill

Description of Skills	Length of Knowledge		Type of Experience		
	How many Months	How many Years	W - Work	S - School	H - Home
Calculator (By touch)	Mo	Yr	W	S	H
Contracts/ Legal Doc	Mo	Yr	W	S	H
Data Processing	Mo	Yr	W	S	H
Filing	Mo	Yr	W	S	H
Multi-line phone System Maximum Lines:	Mo	Yr	W	S	H
Telemarketing	Mo	Yr	W	S	H
Paralegal	Mo	Yr	W	S	H
Legal Secretary	Mo	Yr	W	S	H
Petty Cash	Mo	Yr	W	S	H
Credit Application Processing	Mo	Yr	W	S	H
Word Processing	Mo	Yr	W	S	H
Accounts Payable	Mo	Yr	W	S	H
Accounts Receivable	Mo	Yr	W	S	H
Cashier	Mo	Yr	W	S	H
Collections	Mo	Yr	W	S	H
Creating Graphs	Mo	Yr	W	S	H
Creating Spreadsheets	Mo	Yr	W	S	H
Schedule Appointments	Mo	Yr	W	S	H
Dispatching	Mo	Yr	W	S	H
Financial Statements	Mo	Yr	W	S	H
General Ledger	Mo	Yr	W	S	H
Inventory	Mo	Yr	W	S	H
Job Cost	Mo	Yr	W	S	H
Payroll Time Cards	Mo	Yr	W	S	H
Payroll Key Punch	Mo	Yr	W	S	H
Payroll Reports (941,940,W2's)	Mo	Yr	W	S	H
Purchasing	Mo	Yr	W	S	H
Sales Taxes Reports	Mo	Yr	W	S	H

# KJS Resources Recap of Medical Skills

Description of Skills	Length of Knowledge		Type of Experience		
	How many Months	How many Years	Work	School	Home
Billing Codes	Mo	Yr	W	S	H
ICD-9 Coding	Mo	Yr	W	S	H
Insurance Precertification	Mo	Yr	W	S	H
Medical (Doctor's Assistant)	Mo	Yr	W	S	H
Medical Data Processing	Mo	Yr	W	S	H
Medical Billing	Mo	Yr	W	S	H
Medicare/Medicaid Billing	Mo	Yr	W	S	H
EMR Electronic Medical Record	Mo	Yr	W	S	H
Medical Transcription	Mo	Yr	W	S	H
Transcribe Doctor's Order	Mo	Yr	W	S	H
Schedule Medical Appointments	Mo	Yr	W	S	H
Vital Signs: BT/Temp/Pulse	Mo	Yr	W	S	H
Dental Assistant	Mo	Yr	W	S	H
Patient Care	Mo	Yr	W	S	H
Certified Nursing Assistant (CNA)	Mo	Yr	W	S	H
LPN or LVN	Mo	Yr	W	S	H
Registered Nurse (RN)	Mo	Yr	W	S	H
Pharmacy Assistant	Mo	Yr	W	S	H
X-Rays	Mo	Yr	W	S	H
EKG	Mo	Yr	W	S	H
Physical Therapy	Mo	Yr	W	S	H
Phlebotomist	Mo	Yr	W	S	H
Lab Work / Lab Tech	Mo	Yr	W	S	H
IV	Mo	Yr	W	S	H
Draw Blood	Mo	Yr	W	S	H
Shots	Mo	Yr	W	S	H
Patient Roomer	Mo	Yr	W	S	H

General Labor Skills				Check All That Apply		
CDL	Class	Years Of Experience:		Endormsements:		
Delivery:	Type:	Years of Experience:				
Dispatching:	Type:	Years of Experience:				
Warehouse:	Years of Experience:	Order Picking	No	Yes		
Machinist:	Years of Experience:					
Production:	Type:	Years of Experience:				
Forklift Operator:	Pallet Jack:	Cherry Picker:	Sky Rise:			
	Scissors Lift:	Years Of Experience:				
Heavy Equipment operator:	Front end Loader	Backhoe	Bobcat:			
Crane:	Bulldozer:	Excavator:	Jack Hammer:			
Dump Truck:	Other					
Maintance:	Domestic:	Commercial:	Industrial			
	Years of Experience:					
Custodial(janitorial):	Domestic:	Commercial:	Industrial:			
	Years of Experience:					
Lawn Care:	Domestic:	Commercial:	Industrial:			
Mowing:	Weed Eating:	Hedge Trimming:	Tree Pruning:			
Sodding:	Planting:	Irrigation:	Fertilizing:			
	Years of Experience:					
Meter Reading:	Water:	Gas:	Electricy:			
	Years of Experience:					
Carpenter:	Framing:	Finishing:	Carbinetry:			
	Years of Experience:					
Drywall:	Hanging:	Tape & Bedding:	Years of Experience:			
House Painting:	Brush:	Spray:	Domestic:			
	Commercial:	Years of Experience:				
Staning:	Domestic:	Commercial:	Years of Experience:			
Floor installation:	Carpet:	Vynil:	Tile:			
	Other:	Years of Experience:				
Concrete:	Helper:	Finisher:	Years of Experience:			
Roofing:	Type:	Years of Experience:				
Wiring:	Cable Pulling:	Connection:	Type:			
	Years of Experience:					
Electrical:	Home:	Commercial:	Years of Experience:			
	Classification:	Certified:	No	Yes		
Plumbing:	Certified:	No	Yes	Years of Experience:		
HVAC:	Certified:	No	Yes	Years of Experience:		
Refrigeration:	Certified:	No	Yes	Years of Experience:		
Appliance Repair:	Small:	Major:	Domestic:			
	Commercial:	Years Of Experience:	Certified:	No	Yes	
Electronics:	Domestic:	Commercial:	Years of Experience:			
	Certified:	No	Yes			

Mechanic:	Auto:	Diesel:	Small Engine:
Heavy Equipment:		Marine:	Years of Experience:
Certified: No	Yes		
Brakes:	Tire Repair:		Front end Aligment
Years of Experience:		Certified: No	Yes
Auto Repair:	Body:	Frame:	Paint:
Years of Experience:		Certified: No	Yes
Food Services:	Cafeteria:	Full Service Restaurant:	Fast Food:
Years of Experience:			
Welding:	Types:	Years of Experience	
Certified: No	Yes		
Grinding:	Years of Experience:		
Sandblasitng:	Years of Experience:		
Security:			

Physical Capabilities Statement			
Are you currently under the care of a Doctor:	No	Yes	
Notes:			
Do you Have any Doctor's restriction:	No	Yes	
Notes:			
Are you taking Prescription or other drugs:	No	Yes	
Notes:			
Do you have any health Condition:	No	Yes	
Notes:			
Do you have any physical limitation:	No	Yes	
Notes:			
Can you stand long periods of times:	No	Yes	
Notes:			
Can you sit long periods of time:	No	Yes	
Notes:			
Can you lift items of bulk and/or wieght:	No	Yes	
Notes:			
Do you have 20/20 Vision:	No	Yes	
Notes:			
Do you have Hearing Imperiments:	No	Yes	
Notes:			
Have you ever been treated for any physical injury:	No	Yes	When:
Notes:			
Have you had any on the job accidents or injuries:	No	Yes	When:
Notes:			
I attest that the answer to the above question are correct and true			

## Personal Work / Education History

Education History				
High School:				
Location:	City:	State:		
Diploma/GED:	Yes	Year graduated	No	Last grade completed:
College:				
Location:	City:	State:		
Degree:	No	Yes	What type	Last grade completed:
College:				
Location:	City:	State:		
Degree:	No	Yes	Whattype	Last grade completed:
Other Honors or Accomplishment:				

Work Experience History				
Date of Employment:		To		
Company Name:				
Company Location:	City:	State:		
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

Date of Employment:		To		
Company Name:				
Company Location:	City:	State:		
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

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Company Name:				
Company Location:	City:	State:		
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

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Company Name:				
Company Location:	City:		State:	
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

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Company Name:				
Company Location:	City:		State:	
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

Date of Employment:	To			
Company Name:				
Company Location:	City:		State:	
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

Date of Employment:	To			
Company Name:				
Company Location:	City:		State:	
Job Title:				
Pay Rate: \$	Hourly:	Weekly:	Monthly:	Yearly:
Job Duties:				
Reason for Leaving:				

Check your knowledge of each software				Software and Eviroment	Length of software use number value below				Check where you used the software		
Never Used	Need Help Using	No Help Needed	Expert		How many Mo - Months How many Yr - Years				W - Work S - School H - Home		
				Access		Mo		Yr	W	S	H
				Excel		Mo		Yr	W	S	H
				EMR Electronic Medical Record		Mo		Yr	W	S	H
				Outlook		Mo		Yr	W	S	H
				PowerPoint		Mo		Yr	W	S	H
				Publisher		Mo		Yr	W	S	H
				QuickBooks		Mo		Yr	W	S	H
				Sage 50 (peachtree)		Mo		Yr	W	S	H
				Word		Mo		Yr	W	S	H
				Works		Mo		Yr	W	S	H
What version of Windows have you used?				10      7      Vista      XP      Other							
List all accounting software programs you have used:											
List all other software programs you used not listed above											
Do you know how to create a web page				Yes				No			
Do you know how to do maintenance to a web page				Yes				No			