

INSURANCE OVERLOAD STAFFING Reactivation Request Form

Name: _____
Last
First
M.I.

Previous name(s) used with IOS: _____
 (Give last year each name was used.)

Address: _____
Street
City
State
ZIP

Home Phone Number: _____ Work Phone Number: _____

E-Mail Address: _____ Cell Phone Number: _____

Emergency Contact Name and Phone Number: _____

When is the earliest date that you are available for work? _____

If you were employed since your last application or job ending with Insurance Overload Staffing (IOS) please complete the below employment work history along with the names and phone numbers of your Managers and/or Supervisors.

DATE (Month/Year)	Employer's Name, Address and Phone	Position/Salary	Supervisor Name/ Contact Phone Number	Permanent or Temp?	Reason Ended
From:					
To:					
From:					
To:					
From:					
To:					

If you have not been working since your last application or job ending with IOS please indicate what you were doing during this time period. Please use this space if there is information you would like IOS to know with regards to your placement or career objective

This Reactivation Request is supplementary to the IOS Temporary Personnel Employment Application previously completed by you, and/or currently being re-completed by you with this request. Your signed certification on the application applies to this Reactivation Request as well, and remains valid and enforceable.

Signature: _____ Date: _____

IOS is an Equal Opportunity Employer. IOS considers all applicants for employment without regard to race, color, religion, sex, national origin, age, or disability.