



Employment Application

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying?

YES [] NO []

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide authorization to work.)

Have you ever worked for PS&TC before? YES [] NO []

If yes, where? _____ When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for PS&TC? YES [] NO [] If yes, who and where do they work?

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME If you cannot work full time, please explain:

Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES NO

If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving?

Desired Pay: _____

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES NO If yes, please describe:

EMPLOYMENT

Start with your current or most recent position

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			
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Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			
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Name of Employer		Telephone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed		

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES

Give three references (not relatives)

Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
Street_____	
City_____ State_____ Zip_____	
Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
Street_____	

City_____ State____ Zip_____	
Name	Occupation
Full Address (Including Street, City, State & Zip) Street_____	Telephone Number
City_____ State____ Zip_____	

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from PS&TC.

Signed: _____

Do not write below this line

RESULTS (For Manager)

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____