



Employment Application

Personal

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when?
Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

## Employment History

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Industry Certifications

Please list any industry certifications obtained.

Company: \_\_\_\_\_ Certification: \_\_\_\_\_

Company: \_\_\_\_\_ Certification: \_\_\_\_\_

Company: \_\_\_\_\_ Certification: \_\_\_\_\_

Company: \_\_\_\_\_ Certification: \_\_\_\_\_

Company: \_\_\_\_\_ Certification: \_\_\_\_\_

Company: \_\_\_\_\_ Certification: \_\_\_\_\_

## Authorization & Acknowledgement of Conditions

I represent to PC Solutions that all of the information provided by me now or in the future in support of my application for employment is true and complete. If hired, I agree that any false information, misrepresentation, or material omission provided in this application or in support of my application may result in discipline or discharge.

I understand and agree that PC Solutions or its agent may verify all information in this application or in support of this application. I understand that a consumer credit report may be obtained in the processing of my employment application. I authorize PC Solutions to release any of the information provided by me in this application or in support of this application to the appropriate individuals, companies, institutions, or agencies for the purpose of verification. I authorize all individuals and organizations named or referred to in this application to provide information relative to such verification. I understand and agree they may express their opinions about me and my past or future performance. I release such individuals, companies, institutions, or agencies from any and all liability for any claim or damage resulting from the verification process. I further authorize them to release such information from my personal record, including my prior disciplinary record, as PC Solutions requires, without any obligation to give me written notice of such disclosures, and I release them from any and all liability for any claim or damage resulting from the disclosure of information from any personal record.

I understand that I may be required to undertake a physical examination, including x-rays, drug, and alcohol tests in connection with my application for employment. Such examination would be conducted by a physician or clinic selected by PC Solutions. I hereby authorize any such physician or clinic to release to PC Solutions such information derived from that examination as PC Solutions requires. I waive any claims that I might have on account of the physical examination, including the drug and alcohol test requirement and the release of the physical examination, including the drug and alcohol test, information to PC Solutions.

I understand that PC Solutions will accommodate, to the extent required by law, handicapped employees, to allow access to PC Solutions facilities and employment opportunities. I further understand that I have 182 days from this date of the date I know or reasonably should know that such accommodation is needed, to file a written request for such accommodation.

I agree that this application will be considered for a period of six months after its date. After this six month period, this application will be null and void. Any continuing interest in this employment with PC Solutions must be evidenced by later applications for employment.

IF HIRED, I AGREE THAT DURING MY INITIAL PROBATIONARY PERIOD, PC SOLUTIONS CAN TERMINATE MY EMPLOYMENT AND COMPENSATION AT ITS WILL FOR ANY REASON OR NO REASON WITH OR WITHOUT CAUSE, AT ANY TIME, WITH OR WITHOUT ANY ADVANCE NOTICE OR WARNING. PC SOLUTIONS DECISION IS NOT SUBJECT TO REVIEW OUTSIDE THE COMPANY, (EXCEPT AS MY BE PROVIDED BY APPLICABLE STATUTE)

I agree to abide by all rules and regulations of PC Solutions.

I also agree not to commence any action or suite, not expressly waived above, relating to my employment with PC Solutions more than six months after date or termination of such employment and to waive any stature of limitations to the contrary.

I agree that my employment is conditional upon satisfactory completion of documentation as required by Immigration Reform and Control act of 1986. I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents proving both my identity and authorization to work in the United States, and failure to produce such documents will result in revocation of the offer or termination of employment.

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Signature

Date