

APPLICATION FOR EMPLOYMENT

Date:

Please fill out form completely for employment consideration.

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Send To: sales@ppcfinishers.com

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name:	First:	Middle:	Birth Date:
Street Address:			Social Security No.: ____ - ____ - _____
City:	State:	Zip:	Home Phone
Email Address:			Cell Phone
(If less than 2 years) Previous Address:			How long at present address? ____ Years ____ Months
How did you learn about us?			How long at previous address? ____ Years ____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be able to begin work? _____			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime in the past ten (10) years excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full (You may use a separate paper if needed).			
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Driver's License No.	State	Any Violations?	

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name:	Telephone
	Address:	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor:	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

2	Company Name:	Telephone
	Address:	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor:	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

3	Company Name:	Telephone
	Address:	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor:	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

4	Company Name:	Telephone
	Address:	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor:	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

Education					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

References			
<i>Give below the information of three persons not related to you, whom you have known at least one year.</i>			
Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Military	
Complete this section if you served in the US Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From _____ To _____ Rank at Discharge _____ Date of Final Discharge _____

I verify that the information provided in this Application for Employment is accurate and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future, If the company decides to engage an investigative consumer reporting agency to report on my personal history, I authorize them to do so.

Signature of Applicant

Date