



Applicant Data **Employment Application** **Date:** _____

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer. Applications remain active for 60 days. After this period, if you still wish to be considered, please submit a new application.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Email Address: _____

Driver's License: _____ State: _____ Social Security No: _____

Emergency Contact Name: _____ Phone: _____

Are you of legal age to work? YES NO If NO, a work permit will be required.

To the best of your knowledge are you legally eligible to work in the United States? YES NO
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility).

Have you ever applied for work here before? YES NO

Have you ever worked for this company? YES NO If Yes, when? _____

Are you a citizen of the United States? YES NO If not, do you have work papers? YES NO

Type of employment desired: Full Time Part Time Date you are available to work _____ / _____ / _____

Salary or wages desired: \$ _____ Hourly Monthly

If you are applying for Full Time Employment, can you work overtime if necessary? YES NO

If you are applying for part time, please specify days you are available:

- MON: _____ am/pm TO _____ am/pm TUES: _____ am/pm TO _____ am/pm WED: _____ am/pm TO _____ am/pm
- THURS: _____ am/pm TO _____ am/pm FRI: _____ am/pm TO _____ am/pm SAT: _____ am/pm TO _____ am/pm
- SUN: _____ am/pm TO _____ am/pm

NOTE: Every consideration will be given to work availability information provided by an applicant, however, there is no guarantee the Company can offer employment that accommodates applicants availability to work.

Are you employed at the present time? YES NO If YES can we contact your present employer? YES NO

Do you have any relatives now employed by this Company? YES NO If YES, please list name(s) and department: _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? YES NO

If YES, please list convictions: (a conviction does not necessarily disqualify an applicant for the position being applied for). _____

Education**High School**

Name: _____

Location: _____

Number of Years Completed: _____ Did you Graduate? YES NO What was your course of study? Academic Business Trade or Technical Other _____**College**

Name: _____

Location: _____

Number of Years Completed: _____ Did you Graduate? YES NO G.P.A. _____

What was your major? _____ Degree: _____

Did you enroll in a post-graduate course of education? Yes No If "Yes", what was your post-graduate field of study?:

_____ Degree: _____

Trade, Business or Correspondence School

Name: _____

Location: _____

Number of Years Completed: _____ Did you Graduate? YES NO

What was your course of study? _____

Skill Summary

Use this space to describe any special qualifications or skills you have acquired through special training, prior employment or general experience: _____

Foreign Languages

Please indicate foreign language(s) you are familiar with:

Language: _____ Fluent Good Fair Speak Read Write Language: _____ Fluent Good Fair Speak Read Write **Memberships**List Business, Trade, Professional, Community or Activities Memberships and any office you may have held. (*Exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status*):_____

Employment History

Name of Employer: _____ Phone: _____	From: _____ To: _____
Mailing Address: _____ City/State/Zip: _____	Position: _____
Duties: _____	Supervisor: _____
Reason for Leaving: _____	Starting Salary/Wages: _____
	Final Salary/Wages: _____
Name of Employer: _____ Phone: _____	From: _____ To: _____
Mailing Address: _____ City/State/Zip: _____	Position: _____
Duties: _____	Supervisor: _____
Reason for Leaving: _____	Starting Salary/Wages: _____
	Final Salary/Wages: _____
Name of Employer: _____ Phone: _____	From: _____ To: _____
Mailing Address: _____ City/State/Zip: _____	Position: _____
Duties: _____	Supervisor: _____
Reason for Leaving: _____	Starting Salary/Wages: _____
	Final Salary/Wages: _____
Name of Employer: _____ Phone: _____	From: _____ To: _____
Mailing Address: _____ City/State/Zip: _____	Position: _____
Duties: _____	Supervisor: _____
Reason for Leaving: _____	Starting Salary/Wages: _____
	Final Salary/Wages: _____

Were you a member of the U.S. Armed Force YES NO Branch: _____

Describe briefly your military duties: _____

Years served: _____ Rank at discharge: _____

References

List three personal references. (*exclude relatives or former employers*).

NAME	ADDRESS	TELEPHONE

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by PHI, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal. I authorize PHI. to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

NOTE: This Application will be considered valid for a period of 60 days. After 60 days it will be necessary to submit a new application.

Applicant's Signature:

X _____ **Date:** _____

