



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

DATE:

NAME: Last First Middle

ADDRESS: Street City State Zip Phone Number

Please provide the last four digits of your Social Security Number: _____ Email Address: _____

Will you be able to provide proof of Citizenship *or* an alien registration number and visa permitting work in this country if hired? YES NO

By this application and my signature, I authorize you to check the validity of my social security number and other pertinent identification:

EMPLOYMENT DESIRED

1. Positions Desired (preference order): Part-time Retiree Leased Worker

Date you can start: _____ Salary/Wage desired: _____

2. Are you willing to accept odd (nights, graveyard or weekend) or rotating shifts? YES NO

3. Have you ever applied to this company before? YES NO If yes, when and where?

EMPLOYMENT HISTORY PLEASE LIST YOUR EMPLOYERS STARTING WITH YOUR MOST RECENT POSITION.

DATES		NAME & ADDRESS OF COMPANY	TELEPHONE
FROM: MO YR	TO: MO YR	PRIMARY DUTIES PERFORMED	
		IMMEDIATE SUPERVISOR	REASON FOR LEAVING
IN CASE OF EMERGENCY NOTIFY		TELEPHONE	

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM

I HEREBY AUTHORIZE YOU TO CONSULT AND OBTAIN INFORMATION FROM ANY EMPLOYER I AM WORKING OR HAVE WORKED FOR: YES NO

I authorize the investigation of all matters which PSI deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize PSI to request, receive and share with any agent or client employer such information and I release from all liability any persons, such as but not limited to, supervisors or employers supplying it. I also release PSI and any of its agents or client employers from all liability which might result from making the investigations.

If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. If offered employment, I am also willing to take a physical examination and authorize the doctor or doctors involved to disclose to the prospective employer here and any of its agents or client employers the results of that examination. I agree to comply with the employer's substance abuse program, including drug testing as may be required.

If employed, I agree to conform to the rules of this company, and hereby acknowledge that my employment with the company can be terminated at any time, with or without cause, at the option of either myself or the company. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

DATE: _____

APPLICANT'S SIGNATURE: _____