

# PBS EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_  

First
Middle
Last

POSITION APPLIED FOR: \_\_\_\_\_ **DESIRED SALARY: \$ \_\_\_\_\_ /HR**

CURRENT ADDRESS: \_\_\_\_\_  

Street Address
City
State
Zip
Township
  
 How Long? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  

Street Address
City
State
Zip
Township
  
 How Long? \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH\*: \_\_\_\_\_ (\* Birth date necessary to verify criminal or driving history. The Federal Age Discrimination Act of 1967 prohibits discrimination on the basis of age.)

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

OTHER LAST NAMES USED: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Most Recent Employer		Previous Employer		Previous Employer	
Street Address		Street Address		Street Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Telephone Number (_____) _____		Telephone Number (_____) _____		Telephone Number (_____) _____	
Last Supervisor's Name:	May We Contact Employer?	Last Supervisor's Name:	May We Contact Employer?	Last Supervisor's Name:	May We Contact Employer?
Dates Employed Start      End	Salary Start      End	Dates Employed Start      End	Salary Start      End	Dates Employed Start      End	Salary Start      End
Position/Duties		Position/Duties		Position/Duties	
Reason for Leaving		Reason for Leaving		Reason for Leaving	

## EDUCATION & SKILLS

Check the box of the highest grade completed: 7 8 9 10 11 12 3 4 5 6 6+

INSTITUTION NAME	CITY / STATE	DATES	STUDIED / DEGREE

## PROFESSIONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	COMPANY	PHONE NUMBER	YEARS KNOWN / RELATIONSHIP
		(_____) _____	
		(_____) _____	
		(_____) _____	

Are you legally authorized to work in the United States? \_\_\_\_\_ If No, please explain. \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please describe. (This will not necessarily exclude you from consideration.)

Have you been convicted of any of the following offenses **within the past 3 years?** (Check all that apply): DWI/DUI Reckless Driving  
Suspended License Speeding 25 MPH or more above the speed limit Drug Offense Hit Run / Leaving the scene of accident Two or more at-fault accidents Three or more moving violations \* If checked, please describe. \_\_\_\_\_

## CERTIFICATION AND NOTICE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. **Applicant agrees to relocate within 25 miles of facility (if applicable) by acceptance of job offer.** I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment. I authorize the company or its representatives to investigate all statements contained in this application which may be necessary to arrive at an employment decision.

**PLEASE SIGN AND DATE HERE**

Signed _____	Date _____
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