



718 FM1626 West · Building 100 · Austin, Texas 78748 · T)512.358.8887 · F)512.358.8890

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Name (Printed)	Date:
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Professional Contract Services, Inc. (PCSI) is an equal employment opportunity employer. Applications will be considered for employment without regard to race, color, creed, national origin, religion, age, sex, disability or veteran status.

This application will not be considered unless all questions are fully and accurately answered. This application will not be considered unless it is signed by the applicant. The use of this form does not indicate that there are any positions presently open and does not, in any way, obligate this Company. This application for employment is not a contract of employment and in no way constitutes a commitment by the Company to hire any applicant for employment.

(Important! Read Thoroughly Before Completing)

I authorize the Company to fully investigate all information furnished in this application, and also authorize and release each former employer given in this application as an employer to give any information that may be sought in connection with this application, or concerning my work habits or character. I authorize the Company upon my termination to deduct any outstanding debts to the Company from my paycheck, up to the amount of the statutory minimum wage.

I declare all statements contained in this application to be true and correct. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice and without any requirement of cause. I understand that false or misleading information or omissions given in my application, exhibits, resumes or interview(s) will result in rejection of this application or discharge whenever discovered. I understand that I stipulate that I will not challenge my discharge if I provide any misleading information or omissions on my application. I understand also that, if hired, I am required to abide by all the rules and regulations of the company. I further understand and agree that no employee or official of the company has any authority to alter the terms of my at-will employment through oral statements or promises. In order to be binding on the company, any agreement or promise that alters this policy must be in writing and signed by the president of the company.

“I understand as a condition of employment that I may be required to work any shift on any day of the week at the sole discretion of the company

Signature: _____

(Applicant Must Sign)

After you have read this entire page and understand it and would like to apply for a job with Professional Contract Services, Inc. (PCSI), please fill out all pages of this application.

PERSONAL

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Social Security Number: _____

Previous Address: _____
(Street) (City) (State) (Zip)

Are you over 16 years old? _____ (yes) _____ (no)

AVAILABILITY

Applying For: _____ (Full Time) _____ (Part Time)

On What Date Would You Be Available for Work?

CITIZENSHIP

Do you have the legal right to accept work in the United States? _____ (yes) _____ (no)

DRIVING RECORD/ OFFENSES

Driver's License No: _____ State: _____

Number of Moving Violations During the Past 3 Years?

Number of Accidents During the Past 3 Years?

Notice: A Driving Record Verification is Required

Have you ever been convicted of, pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? * (yes)_____ (no)_____

* If yes, describe in full, including dates, criminal offenses, location (city and state) and disposition:

Are you currently serving probation, deferred adjudication or any form of diversion for any criminal offense? * (yes)_____ (no)_____

* If yes, describe in full, including criminal offense(s), current status, expected date of completion and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication or other form of diversion.

Notification: Your criminal records will be checked.

Will you sign a release form for an Authorization for Criminal Record Investigation? (yes)_____ (no)_____

Note: Conviction is not necessarily a bar to employment.

EDUCATION

(Circle the Highest Grade Completed)

Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 1 2 3 4 Degree: _____

Location: _____

Other Schools (i.e. Technical Schools)

School: _____ Field of Study: _____

School: _____ Field of Study: _____

School: _____ Field of Study: _____

School: _____ Field of Study: _____

License(s) maintained for your trade:

EXPERIENCE

(Indicate Below Specific and/or Special Experience You Possess)

____ Hospital Housekeeping (Custodial) Years Experience: _____ Specializing In: _____

____ Food Service Years Experience: _____ Specializing In: _____

____ Janitorial Years Experience: _____ Specializing In: _____

____ Mechanical Years Experience: _____ Specializing In: _____

____ Other Years Experience: _____ Specializing In: _____

CURRENT EXPERIENCE

Present Employer: (Name)

(Address)

(City)

(State)

(Zip Code)

(Area Code)

(Phone #)

Position:

Salary: \$

Hourly Rate: \$

Work Dates: (From)

(To)

Reason for Wanting to Leave:

PREVIOUS EXPERIENCE

(List Additional Employment Experience - Most Recent First)

2. Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone No: () _____ Supervisor: _____ Position: _____
Type of Business: _____ Duties: _____
Work Dates: (From) _____ (To) _____
Reason for Leaving: _____
Beginning Salary/Hr. Wage (\$): _____ Ending Salary/Hr. Wage (\$): _____
3. Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone No: () _____ Supervisor: _____ Position: _____
Type of Business: _____ Duties: _____
Work Dates: (From) _____ (To) _____
Reason for Leaving: _____
Beginning Salary/Hr. Wage (\$): _____ Ending Salary/Hr. Wage (\$): _____
4. Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone No: () _____ Supervisor: _____ Position: _____
Type of Business: _____ Duties: _____
Work Dates: (From) _____ (To) _____
Reason for Leaving: _____
Beginning Salary/Hr. Wage (\$): _____ Ending Salary/Hr. Wage (\$): _____
5. Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone No: () _____ Supervisor: _____ Position: _____
Type of Business: _____ Duties: _____
Work Dates: (From) _____ (To) _____
Reason for Leaving: _____
Beginning Salary/Hr. Wage (\$): _____ Ending Salary/Hr. Wage (\$): _____