



APPLICATION FOR EMPLOYMENT

It is the policy of PSI to comply with all applicable state and federal laws prohibiting discrimination in employment, based on race, age, color, sex, religion, national origin, disability, or other protected classification.

PERSONAL INFORMATION Complete *all* applicable information

Name (Full - Last, First, MI)			Date:		
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Are there any hours or days you cannot or will not work?			
Street Address:		City	State	Zip	
Home Phone	Business Phone	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Are you willing to work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?		How did you learn of this opening?	
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wage or salary desired:		Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr	
Street Address:			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor		
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor		
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor		

EDUCATION INFORMATION

High School or GED	Name and Address:	City	State	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

GENERAL

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? ___ Yes ___ No

Can you perform these essential functions with or without reasonable accommodation? ___ Yes ___ No

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment).
___ Yes ___ No

If yes, describe conditions:

If applying for a secretarial position:

Typing skills ___ Yes ___ No
Words/Minute:

If applying for a clerical position, what business equipment can you operate? (For example, computers, copiers, etc).

In what computer software programs are you **proficient**? [Name the package(s).]

In case of emergency, please notify the following:

- 1) Name: _____ Address: _____ Phone Number: _____ Relationship: _____
2) Name: _____ Address: _____ Phone Number: _____ Relationship: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the President in a signed writing has any authority to alter the foregoing.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated. I authorize the Company to make an investigation of the facts set forth in this application and release the Company from any liability.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Date:

Applicant's Signature: