



Application for Employment

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Cell Phone: (____) ____-____ Home Phone: (____) ____-____

E-Mail Address: _____

Social Security Number: ____-____-____ Are you 18 or Older? Yes No

Have you filled out an application here before? Yes No If yes, when? _____

Do you know anyone (friends/relatives) working here? Yes No

If yes, who do you know? _____

Are you a US Citizen or do you have the legal right to work in the United States? Yes No

Do you have a valid Drivers License? Yes No DL# _____

Do you have reliable transportation to and from work? Yes No

Do you have auto insurance? Yes No

Employment Desired:

Position applying for: _____

Type of work sought: Full Time Part Time Seasonal/Temporary Other

Total Hour available to work per week: _____ Desired Wage: \$_____/hour

Date you are available to begin working: _____

Dates you are available to work: S____ M____ T____ W____ Th____ F____ S____

Previous Employment:

Name of Employer:	
Address:	
Phone Number:	
Dates Employed:	
Supervisor:	
Job Title:	
Hourly Wage/Salary:	
Job Duties:	
Reason For Leaving:	

Name of Employer:	
Address:	
Phone Number:	
Dates Employed:	
Supervisor:	
Job Title:	
Hourly Wage/Salary:	
Job Duties:	
Reason For Leaving:	

Name of Employer:	
Address:	
Phone Number:	
Dates Employed:	
Supervisor:	
Job Title:	
Hourly Wage/Salary:	
Job Duties:	
Reason For Leaving:	

Education:

School Most Recently Attended: _____

Location: _____

Did you Graduate?: Yes No Are you Currently Enrolled? Yes No

References:

*** Please do not include any relatives or former employers.***

Name: _____ Years Known: _____

Phone Number: (____) ____ - _____ E-Mail Address: _____

Name: _____ Years Known: _____

Phone Number: (____) ____ - _____ E-Mail Address: _____

Name: _____ Years Known: _____

Phone Number: (____) ____ - _____ E-Mail Address: _____

Military Background:

Have you had any experience in the armed forces of the United States or in a State National Guard?

Yes No If yes, what Branch? _____

Rank at Discharge: _____ Date of Discharge: _____

Are you in the reserves? Yes No If yes, date obligation ends: _____

Special/Technical Training: _____

Additional Information:

Please state any additional information that you feel may be helpful in considering your application (training, skills, qualifications, experience, ect):

Please list the name, address and phone number of the person to be notified in the event of an accident of emergency:

Name: _____ Phone Number: _____

Address: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed my employment may be terminated at any time. In consideration of my employment, I agree to conform to PPS – TC’s rules and regulations, and I agree that my employment and compensation can be terminated “at will” with or without cause, and with or without notice, at any time either at my or the company’s option. I also understand and agree that the terms and condition of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative other than its president and then only in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Upon termination, either voluntary or involuntary, I agree to return all property back to PPS under agreed upon terms. I hereby authorize PPS to deduct from each and every pay period of my pay any amounts necessary to offset any damage(s) caused by me or the value of the property or money entrusted to me by, or owned by me by PPS during the course of my employment so long as such deduction(s) do not cause my resultant rate of pay to fall below the statutory established minimum wage if applicable by the terms thereof. Finally, by signing this application I acknowledge, agree and affirm that I have read the entirety of this application for employment very carefully and understand completely.

Applicant Signature

Date

At Will:

I understand that in the event I am employed by PPS-TC Inc., I am employed "at will," which means the term of employment is not definite and my employment may be terminated at any time, with or without cause, or notice, by either myself or my employer. The aforementioned constitutes the entire agreement between PPS-TC Inc. and myself on the subject of termination, lay-off and/or discharge and can be changed by a written agreement signed and executed by the president of PPS-TC Inc.

I represent that the answers and information given by me in this application are true and complete to my knowledge. Without limiting the at-will employment relationship, I understand my employment may be terminated at anytime if PPS-TC Inc. discovers that I have provided incomplete, untrue or misleading answers in this Application, or on any other document of form executed by me at any time during my employment.

Employment Records and References:

I hereby authorize you to verify the information given and to investigate my background as deemed necessary. I authorize former employers, personal references, or other agencies, institutions or persons (collectively referred to as "person"), to provide PPS-TC Inc. any information they have regarding me without receiving written notice from me. I hereby release and agree to hold harmless from liability and covenant not to sue any person providing information pursuant to this authorization. I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand or other disciplinary action regarding me is divulged to PPS-TC Inc. by present or former employers.

Protected Disability:

I also understand if I have a protected disability that affects my ability to do the job I seek, I may ask the employer to attempt to make reasonable accommodations for it. I must make my request in writing to Human Resources as soon as possible after the date I know or reasonably should know accommodation is needed.

Legal Identification and Employability:

I further understand the employment with PPS-TC Inc. is contingent on providing the organization with legally acceptable documentation of identity and employability. Failure to provide the required documentation within the time required by law will result in termination.

Printed Name: _____ Date: _____

Applicant Signature: _____

For Personnel Only

Interviewed By: _____ Date: _____

Hired?: Yes No Position: _____

Full Time Part Time Other Wage: _____ Start Date: _____

Release for Reference Check:

Applicant Name: _____ Social Security Number: _____

Former Employer Name: _____ Phone Number: _____

Address: _____

City, State, Zip: _____

Dates Employed From: _____ to _____

The above applicant is being considered for employment with Porcelain Patrol Service and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence.

Please fax this completed form to (231) 922-9580. Thank you for your assistance.

Applicant's Authorization for Release

I authorize and consent to the above named former employer, and its agents and employees to furnish and reference information concerning me, including achievement, wage history, performance, attention, personal history, disciplinary/corrective action and reason for separation of employment, relating to my employer with the former employer. It is expressly understood that any information provided is to be used for the purpose of determining my acceptability for employment. I also hereby release that the above named former employer, and its agents and employees, from all liability from claims, including, but not limited to defamation, slander, interference with contract, or perspective economic advantage and negligence. I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature: _____ Date: _____

Record of Employment

Position Held: _____ Date of Hire: _____ Termination Date: _____

Summary of Essential Duties and Responsibilities: _____

Reason for leaving: _____

Salary at the time of termination: \$_____ per/hr, weekly, bi-weekly

Eligible for re-hire?: Yes No

Comments: _____

Signature of Authorized personnel: _____ Date: _____