



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer *

Application No. _____

****We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, Martial or veteran status, the presence of non job-related medical condition or disabilities or my other legally protected status.***

1) Name: _____ Date: ____/____/____

2) Address: _____ City: _____ State: ____ Zip: ____

3) Home phone: (____)-____-____ Work phone: (____)-____-____ Social Security No: ____-____-____

4) Position for which you are applying: _____

5) Lowest acceptable wage: \$ _____ per _____ Date you can start: ____/____/____

6) Are you available to work: Full-time Part-time Temp Days Evenings Weekends All

7) Referred by: Newspaper Ad Recruited Walk-In Other - please list: _____

If referred by a current employee, please identify : _____

8) Are you legally eligible to hold employment in the United States? Yes No

9) Are you at least 18 years old? Yes No - If no, birth date: ____/____/____

10) Are you related to anyone employed by PHC, Inc.? Yes No
If yes, name of the person, relationship & location employed: _____

11) Have you ever worked for PHC, Inc? Yes No
If yes, give dates: From ____/____/____ to ____/____/____
Location: _____ Supervisor's name: _____

12) Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO

If Yes, please explain _____

13) LIST HOURS AND DAYS AVAILABLE TO WORK

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| From (time) | | | | | | | |
| To (time) | | | | | | | |

14) EDUCATION

| Type of School | Name and Address of School | Diploma/Degree | Major/course of Study |
|--|---|----------------|-----------------------|
| High School | Name: _____ Street: _____ City: _____ State ____ Zip: ____ | | |
| College | Name: _____ Street: _____ City: _____ State ____ Zip: ____ | | |
| Technical, trade, grad school or other | Name: _____ Street: _____ City: _____ State ____ Zip: ____ | | |

15) List any additional or special education, training, skills or machines operated: _____

16) Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation? Yes No - If yes, when? _____ For what? _____

Note: A conviction record will not necessarily bar individuals for employment. You are not required to reveal records that have been judicially expunged, sealed or eradicated.

17) List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification. If currently employed, **may we contact your present employer?** Yes No

• **A resume MAY NOT be submitted as a substitute to filling out this section**

Company Name: _____ Position/Title: _____

Address: _____ City _____ State _____ Zip _____

Dates Employed: From ____/____/____ To ____/____/____

Supervisor's Name: _____ Title: _____ Ph No. (____) ____ - ____

Starting rate of pay: \$ _____ per _____ Last rate \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Company Name: _____ Position/Title: _____

Address: _____ City _____ State _____ Zip _____

Dates Employed: From ____/____/____ To ____/____/____

Supervisor's Name: _____ Title: _____ Ph No. (____) ____ - ____

Starting rate of pay: \$ _____ per _____ Last rate \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Company Name: _____ Position/Title: _____

Address: _____ City _____ State _____ Zip _____

Dates Employed: From ____/____/____ To ____/____/____

Supervisor's Name: _____ Title: _____ Ph No. (____) ____ - ____

Starting rate of pay: \$ _____ per _____ Last rate \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

18) References

| | |
|----------------------|----------------------------------|
| NAME | OCCUPATION BUSINESS PHONE () |
| HOME PHONE () | TITLE RELATIONSHIP |
| CITY AND STATE (ZIP) | HOW LONG KNOWN |
| NAME | OCCUPATION BUSINESS PHONE () |
| HOME PHONE () | TITLE RELATIONSHIP |
| CITY AND STATE (ZIP) | HOW LONG KNOWN |

Immigration Act

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to Work in the United States. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Acknowledgement: _____ **Date** ____/____/____

READ CAREFULLY BEFORE SIGNING

I hereby certify to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of the company and if employed. I understand and agree that my employment is at-will and that no employment contact rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and with or without advance notice at the option of either the company or myself.

I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment for certain positions is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Acknowledgement: _____ **Date** ____/____/____

Applicant's Signature _____

This application will remain active for 6 months. Applicants who wish to be considered after that time must reapply.