

APPLICATION FOR EMPLOYMENT



Date of Application _____

Name _____ Home Phone () _____

Cellular/Other Phone () _____ Email _____

Address _____

City / State / Zip _____

Position applied for: _____

How were you referred to the company? _____

Type of work Full Time Part-time Seasonal Temporary

On what date would you be available for work? _____

Have you ever been employed here before? Yes No If yes, give dates _____

Have you ever been convicted of a felony? Yes No If yes, please explain _____

If you are under 18, can you provide a work permit if required? Yes No

If driving may be required in the job for which you are applying, please provide your driver's license number.

DL# _____ State _____

For Office Use Only
ATTACHMENTS:
<input type="checkbox"/> Resume
<input type="checkbox"/> Applicant Reference Notes
<input type="checkbox"/> Applicant Interview Notes
<input type="checkbox"/> Test Results

EDUCATIONAL BACKGROUND

HIGH SCHOOL:

Name of School _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

COLLEGE:

Name of School _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

GRADUATE SCHOOL:

Name of School _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

VOCATIONAL OR OTHER TRAINING:

Name of School _____

Course of Study _____ Did you graduate? Yes No Degree or diploma _____

CONTINUING EDUCATION: _____

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying

EMPLOYMENT EXPERIENCE



Check if resume is attached and proceed to signature line

1. Employer _____
 Address _____
Position _____ Supervisor _____
Email _____ Phone () _____
Dates Employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting \$ _____ final \$ _____
Reason for Leaving _____

2. Employer _____
 Address _____
Position _____ Supervisor _____
Email _____ Phone () _____
Dates Employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting \$ _____ final \$ _____
Reason for Leaving _____

3. Employer _____
 Address _____
Position _____ Supervisor _____
Email _____ Phone () _____
Dates Employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting \$ _____ final \$ _____
Reason for Leaving _____

4. Employer _____
 Address _____
Position _____ Supervisor _____
Email _____ Phone () _____
Dates Employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting \$ _____ final \$ _____
Reason for Leaving _____

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 misrepresentation 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 PDMI's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied. I also understand that my employment and compensation can be terminated or changed, with or without cause and with or without notice, at any time, at either my or PDMI's option.

I understand that no PDMI representative, other than its president, and then only when 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.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and nondefamatory information in a lawful manner in the employment process, and all persons, corporations, or organizations for furnishing such information about me.

I understand that PDMI's hiring process includes a Drug Test, Background Check, and Credit Check. Should the results of the drug test be positive, I recognize that I will be given no further consideration.

Applicant's Signature _____ Date _____