

*Professional Employer Plans, Inc.*

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**EMPLOYMENT APPLICATION**



**Applicant Name** \_\_\_\_\_

Professional Employer Plans, all its affiliates, and its clients are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment.

**PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS**

POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL DATA**

Last Name	First	Middle	Social Security Number
Street Address	City	State/Zip Code	Telephone Number

When will you be available to start work? \_\_\_\_\_

Are you at least 18 years old? Yes  No  If not, state your age for child labor law purposes only \_\_\_\_\_

Are there any days, shifts or hours you will not work? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you available for out of town work? Yes  No  Will you work overtime, if required? Yes  No

Are you legally authorized to work in the United States? Yes  No

Will you now or in the future require sponsorship for employment visa status? Yes  No

Have you been convicted of a felony within the last seven years? Yes  No  Date of conviction: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or for other similar dishonest conduct, or an offense involving the use of a weapon, for burglary, robbery, breaking and entering or theft, or for physical assault or other violent crime? Yes  No

If yes, please explain \_\_\_\_\_

(A conviction will not necessarily result in denial of employment)

Have you taken any illegal drugs within the last 30 days? Yes  No  If yes, please explain: \_\_\_\_\_

How did you learn of our company? Newspaper  Friend  Recruiting Firm  Current Employee  Other

If a referral, who were you referred by? \_\_\_\_\_

Have you ever applied or worked here before? Yes  No  If yes, provide dates \_\_\_\_\_

**DRIVING RECORD**

(Answer only if driving is a requirement for the job for which you are applying)

Do you have a valid drivers license? Yes  No  State \_\_\_\_\_ License No. \_\_\_\_\_

Have you had any tickets? Yes  No  If yes, please explain \_\_\_\_\_

Has your license ever been suspended or revoked? Yes  No

If yes, please explain \_\_\_\_\_

Do you have any DUI or DWI convictions? Yes  No  If yes, please state when you were convicted and explain \_\_\_\_\_

## EMPLOYMENT HISTORY

(Please complete for all full-time or part-time employment beginning with most recent employer. **DO NOT LEAVE ANY BLANK SPACES.** Use additional paper if needed.)

Company Name	Dates Employed From:	To:
Address	Rate of Pay:	Start: Last :
	State job titles and describe job duties:	
Tel#:( )		
Name of Supervisor		
May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	
Company Name	Dates Employed From:	To:
Address	Rate of Pay:	Start: Last :
	State job titles and describe job duties:	
Tel#:( )		
Name of Supervisor		
May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	
Company Name	Dates Employed From:	To:
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May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	
Company Name	Dates Employed From:	To:
Address	Rate of Pay:	Start: Last :
	State job titles and describe job duties:	
Tel#:( )		
Name of Supervisor		
May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	

Please explain any gaps in your employment history \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY** (Continued)

Have you ever been discharged or forced to resign? Yes  No

If yes, please explain \_\_\_\_\_

Have you received any disciplinary counseling in the last twelve months of employment? Yes  No

If yes, please explain \_\_\_\_\_

Were you given a performance review within the last 12 months of active employment? Yes  No

If yes, what was the range of scores used and what was your score? \_\_\_\_\_

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? Yes  No

If yes, please explain \_\_\_\_\_

**EDUCATION AND PROFESSIONAL AFFILIATIONS**

(May or may not be considered depending on job applied for. You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, age, disability, marital status, or any other protected status.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration of employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employee Handbook or any other personnel manual) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment to start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize Professional Employer Plans to contact my prior employers, and other sources of information regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify Professional Employer Plans each of my prior employers, and each of the other sources of information contacted and agree to hold harmless from any claims arising from this authorization and direction.

I understand that this application will be considered active for 30-calendar days from this date. If I have not heard from the company at the conclusion of the 30-calendar day period, it is my responsibility to complete a new application if I wish to be considered for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_