

APPLICATION FOR EMPLOYMENT

APPLICATION FOR EMPLOYMENT

Prospective employee will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

| | | |
|------------------------|------|------------------|
| PA LICENSE # | | |
| Social Security Number | Date | Position Desired |

| | |
|----------------|------------|
| Street Address | Home Phone |
|----------------|------------|

| | |
|------------------|----------------|
| City, State, Zip | Business Phone |
|------------------|----------------|

| |
|---|
| Have you ever been convicted of any crime? Yes ___ No ___ Reason _____ Have you ever applied for employment at our Company? Yes ___ No ___ If yes: Month/Year _____ |
|---|

| EDUCATION | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | NUMBER OF YEARS COMPLETED | GRADUATE YES OR NO | DEGREE OR DIPLOMA |
|-------------|---------------------------|-----------------|---------------------------|--------------------|-------------------|
| COLLEGE | | | | | |
| HIGH SCHOOL | | | | | |
| ELEMENTARY | | | | | |
| OTHER | | | | | |

| |
|--|
| List memberships, posts, positions and awards in professional or civic organizations (exclude those which may disclose your race, color, religion or national origin) |
| |

| |
|--------------|
| Referred By: |
|--------------|

EMPLOYMENT

Give a complete full-time and part-time employment record. Start with your most recent employer.

| | |
|--------------|-----------|
| Company name | Telephone |
|--------------|-----------|

| | |
|---------|------------------------|
| Address | Employed From To |
|---------|------------------------|

| | | |
|-----------|--------------------|-----------------|
| Job Title | Name of Supervisor | Weekly Earnings |
|-----------|--------------------|-----------------|

| | | | |
|------------------------------|-----------|----------|---------------------|
| Can we contact this employer | Yes _____ | No _____ | If no state reason: |
|------------------------------|-----------|----------|---------------------|

| | |
|--------------|-----------|
| Company name | Telephone |
|--------------|-----------|

| | |
|---------|------------------------|
| Address | Employed From To |
|---------|------------------------|

| | | |
|-----------|--------------------|-----------------|
| Job Title | Name of Supervisor | Weekly Earnings |
|-----------|--------------------|-----------------|

| | | | |
|------------------------------|-----------|----------|---------------------|
| Can we contact this employer | Yes _____ | No _____ | If no state reason: |
|------------------------------|-----------|----------|---------------------|

| | |
|--------------|-----------|
| Company name | Telephone |
|--------------|-----------|

| | |
|---------|------------------------|
| Address | Employed From To |
|---------|------------------------|

| | | |
|-----------|--------------------|-----------------|
| Job Title | Name of Supervisor | Weekly Earnings |
|-----------|--------------------|-----------------|

| | | | |
|------------------------------|-----------|----------|---------------------|
| Can we contact this employer | Yes _____ | No _____ | If no state reason: |
|------------------------------|-----------|----------|---------------------|

| | |
|--------------|-----------|
| Company name | Telephone |
|--------------|-----------|

| | |
|---------|------------------------|
| Address | Employed From To |
|---------|------------------------|

| | | |
|-----------|--------------------|-----------------|
| Job Title | Name of Supervisor | Weekly Earnings |
|-----------|--------------------|-----------------|

| | | | |
|------------------------------|-----------|----------|---------------------|
| Can we contact this employer | Yes _____ | No _____ | If no state reason: |
|------------------------------|-----------|----------|---------------------|

REFERENCES:

| Name | Relationship | Telephone No. | Years known |
|------|--------------|---------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PHYSICAL RECORD:

| |
|--|
| Do you have any limitation, which may require an accommodation in order for you to perform the position for which you are applying. Yes _____ No _____ If yes explain: |
|--|

The information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the Company to continue to employ me in the future. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Date _____ Signature _____

| |
|--|
| Internal Use Only |
| Manager Review _____ Date _____ Interview Date _____ |

Professional Site Management, Inc.
Medical Reimbursement Agreement

I understand that if I accept a position with Professional Site Management, Inc. that my employment will be predicated upon my passing a standard employee physical and a drug test. I also understand that if I accept a position, then go for the physical and drug test I will reimburse Professional Site Management, Inc. the fees they incur for the tests, approximately \$125.00 if the following conditions occur:

- 1. I do not show up on the agreed upon start date;*
- 2. I call up after taking the tests to state that I have changed my mind and do not want the job;*
- 3. I voluntarily leave or quit within 90 days of my date of hire;*
- 4. I am terminated with just cause within the probation period of 90 days;*
- 5. I fail the drug test.*

Applicant: _____

Date: _____