EMPLOYMENT APPLICATION

DEDGGSTAT	

PERSONAL INFOR	Date of application//								
Name (Last) (First)				(Middle)		Social Sec	urity No.		
Home Address		City			State		Zip		
Home Telephone	B (usiness Telephone		May we contact you at work? □ Yes □ No					
Position Applying For: Are you interested in (chee	ck all that apply):	Full-time	□ Part-Time	□ Temporary		Date Available: □ Volunteer			
Are you willing to relocate? □ Yes □ No			are under 18 years of age, please state your date of one under age 16 may be hired.)		oirth		Are you willing to travel? Yes No What percent?		
How were you referred to	PSI?								
EDUCATION									
				e/Area of tudy	Number of Years Attended	Graduated			
Name		F	Address			<u>, </u>		37	
High School City		S	State	Zip				□ Yes □ No	
Name		F	Address						
College City		S	State	Zip				□ Yes □ No	
Name		F	Address						
Graduate School City		S	State	Zip				□ Yes □ No	
Name		F	Address						
Other City		S	State	Zip				□ Yes □ No	
U.S. MILITARY SE	RVICE								
Branch of Service			Technical Specialization		Rank Attained				
SPECIAL SKILLS									
			d or Speedwriting wpm			PC Softwa	Software/Other Equipment		
LEGAL									
Are you a U.S. citizen? (Identity and employment							□ No 1986).		
Were you ever discharged	by any company?	Yes 🗆 No If	yes, give name of	company(ies)					
Reason for discharge									
Have you ever been convi	cted of a crime or p	lea no contest other	r than a minor trafi	fic violation? Yes	□ No If	yes, please	explain the offense and fina	l disposition.	

EMPLOYMEN'	Γ HISTORY						
List employment sta May we contact your				me during this period that y if you were employed unde		stating the nature of	your activities.
Dates				Position Held and Supervisor	List Major Dutie	Salary or Wages	Reason for Leaving
From:	Name			Your Job Title		Starting	
mo. yr.	Address	City	State				
To:				Supervisor			
mo. yr.	Phone ()			·		Final	
From:/	Name			Your Job Title		Starting	
mo. yr.	Address	City	State				
To:/				Supervisor			
mo. yr.	Phone ()					Final	
From: /	Name			Your Job Title		Starting	
mo. yr.	Address	City	State				_
To:/	Phone			Supervisor		Final	
mo. yr.	()					Tillal	
REFERENCES			Wairon of	Potential Liability			
			waiver of	Potential Liability			
abilities, skills, work personal opinion, I h your good faith asses	habits, industrio ereby inform you ssment/evaluation	usness, and other trait that I am waiving my n of me as a potential	s or criteria relevan y right that I might employee of PSI.	reference. I authorize you t to employment. In return have to bring litigation agai	for your time and effort in nst you relating in any wa	n providing your good	d faith,
Name	· ·	Address			Work Phone #	Title	Years
				()		Known
				()		
				()		
PLEASE READ CA	REFULLY				L		
employment, genera and/or a 3 rd party cor obtaining or using sa In the event of emplo also, that I am requir I understand and agr	I reputation, edumpany upon required information. The property of the propert	cational background, test and I release anyout tand that false or mish I rules and regulations red, the employment w	credit record, and/ ne so authorized, P eading information of PSI. vill be "at will". The	gation may be made wherely or criminal history. I authors, and any 3 rd party to compare given in my application or that is, either I or PSI may ent imply employment and the	orize anyone possessing apany from all liability and interview(s) may result in the employment relation	this information to ful d damages whatsoeve immediate dismissal inship at any time, for	urnish it to PSI or in furnishing, I. I understand, or any reason, or
				color, sex, religion, nation d as a basis for discriminati			
Applicant's Signatur	re			Date			