

Employment Application



Please Print Clearly or Type

Personal Information

Date Last Name First Name Middle

Prior or Alias Names [if applicable]:

Last Name First Name Middle

Present Address

No. & Street City State Zip

Mailing Address

No. & Street City State Zip

(____) _____ - _____ (____) _____ - _____
Home Phone Cellular Phone

Employment Desired

Position(s) applying for: _____

Availability

If offered a position, when could you start? _____

What days and hours are you available to work? _____

Computer Skills

Please indicate the programs which you have proficiency and rate your overall level:

Computer: Outlook: MS Word: MS Excel: **Experience Level:** Beginner Moderate Expert

Typing: _____ WPM | Other programs or areas of proficiency: _____

Have you ever applied to or worked for us before?**Yes** **No** If yes, when? _____

Do you have any friends or relatives working for us?**Yes** **No**

If yes, state name(s) and relationship (if there are more than two, please check here:):

Name

Relationship

Name

Relationship

Why are you applying for work with us?

Employment Application

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1) Name of Employer Telephone No. (____) ____ - _____

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

2) Name of Employer Telephone No. (____) ____ - _____

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

3) Name of Employer Telephone No. (____) ____ - _____

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Employment Application

Applicant Name _____

If hired, would you have a reliable means of transportation to and from work? **Yes** **No**

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)
..... **Yes** **No**

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? **Yes** **No**

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? **Yes** **No**

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Please Read Carefully, Initial Each Paragraph and Sign Below

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that photographing may be required after employment.

____ I hereby authorize P.K. Willis Company, Inc. DBA American Recovery Service and Skipbusters to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

____ I realize that P.K. Willis Company, Inc. DBA American Recovery Service and Skipbusters maintains a drug free work environment. As a result, all applicants are requested to participate in a pre-employment drug screen prior to being offered a position with the company. I support this practice and am agreeable to participating in such a screening process.

Date Applicant's Signature