



Application for Employment

U.S.A.

All information requested on this form is used solely to evaluate your ability to perform the job for which you are applying. It is the policy of PSC not to discriminate in any way against any applicant or any employee because of race, color, religion, sex, age, national origin, marital status, physical/mental disability (unrelated to ability to perform essential job functions) or veteran status, in accordance with applicable federal and state laws. **We are an equal opportunity employer.**

PERSONAL INFORMATION

LAST NAME | FIRST | MIDDLE INT. | TODAY'S DATE

ADDRESS (Street, City, State, Zip)

HOME TELEPHONE () - () - | SECONDARY TELEPHONE () - () - | E-MAIL @ .

Have you ever interviewed with this company or its affiliates before? If yes, provide date(s), location(s) and position(s) applied for: Y N Have you ever failed a drug test requested by or for PSC? If yes, provide date(s), location(s): Y N

Do you have any relatives employed by this company or its affiliates? If yes, provide name(s), location(s), and position(s): Y N Have you ever been employed by this company or its affiliates? If yes, provide date(s), location(s), and position(s): Y N

Are you under age 18? Yes No If "yes", please state your age: How did you hear about this position? PSC web site / Web Job Board / Employee / Agency / Newspaper / College / Other

EMPLOYMENT Desired Salary: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE TO WORK: _____

EDUCATION

LEVEL	NAME AND ADDRESS	PHONE #	MAJOR STUDIES	DEGREE/ CERTIFICATE/ LICENSE/ YRS COMPLETED
HIGH SCHOOL		()		
COLLEGE/ UNIVERSITY		()		
GRADUATE SCHOOL		()		
VOCATIONAL, BUSINESS, OTHER		()		

OTHER SKILLS (e.g. Machines, Computer, Other)

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent. Please complete all fields requested.

DATES- FROM:	EMPLOYER NAME:	SUPERVISOR'S NAME:	PHONE #: () -
TO:			
JOB TITLE:	ADDRESS:	REASON FOR LEAVING:	SALARY:
DUTIES/ RESPONSIBILITIES: TM			
DATES- FROM:	EMPLOYER NAME:	SUPERVISOR'S NAME:	PHONE #: () -
TO:			
JOB TITLE:	ADDRESS:	REASON FOR LEAVING:	SALARY:
DUTIES/ RESPONSIBILITIES: TM			
DATES- FROM:	EMPLOYER NAME:	SUPERVISOR'S NAME:	PHONE #: () -
TO:			
JOB TITLE:	ADDRESS:	REASON FOR LEAVING:	SALARY:
DUTIES/ RESPONSIBILITIES: TM			
DATES- FROM:	EMPLOYER NAME:	SUPERVISOR'S NAME:	PHONE #: () -
TO:			
JOB TITLE:	ADDRESS:	REASON FOR LEAVING:	SALARY:
DUTIES/ RESPONSIBILITIES: TM			

Are you currently employed? Yes No ---- If "yes", may we contact your present employer? Yes No



Application for Employment (Continued)

U.S.A.

REFERENCES

Please provide two or three professional references.

NAME	EMAIL	PHONE	HOW KNOWN BY CANDIDATE
		() -	
		() -	
		() -	

GENERAL

1) Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation? Yes No

If yes, please explain:

2) Are you currently bound by a Non-compete contract that will impede your employment with this company?

3) Can you travel if a job requires it?

4) Have you ever been discharged from any employment or asked to resign? Yes No

5) Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.?
Yes No

6) Do you know of any individuals interested in a career with PSC? Name: _____

Type of Job: _____ Location: _____ Phone #: _____

AVAILABILITY SCHEDULE

Please check work schedule availability:

I am available and desire to work FULL-TIME (35 to 40 hours) and do not have restrictions on my hours or days. (Complete schedule B.)

I am available and desire to work PART-TIME (if less than 34 hours a week, please complete sections A & B).

A. I am only available for PART-TIME because: Student Other Job Other (explain) -

B. HOURS AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

TO BE READ AND SIGNED BY THE APPLICANT:

This certifies that this application was completed by me and that all entries on it and information contained therein are true and complete to the best of my knowledge. I certify that I have answered all questions on this employment application truthfully, correctly and completely in accordance with the instructions contained in this application, and I agree that such statements may be investigated by the Company. I further understand that any failure by me to provide true, correct and complete information in accordance with the instructions on this application, or in my accompanying resume, will be cause for the Company to refuse to hire me or, if hired, will be grounds for immediate dismissal. This application is not a contract of employment. The employer follows an "at-will" employment policy, meaning I or the employer may terminate employment at any time for any reason, consistent with applicable law.

All hired individuals must provide proof of identify and authorization to work in the United States. Failure to provide such proof will result in denial of employment. As a federal contractor, PSC will provide the Social Security Administration (SSA) and the Department of Homeland Security (DHS), with information captured from each new employee's Form I-9 to confirm work authorization.

I authorize PSC to make such investigations and inquiries regarding my personal, employment, or medical history (according to position applied for) and other related matters, as may be necessary in arriving at an employment decision. Inquiries regarding medical history will only be made if and after a conditional offer of employment has been extended. All such medical inquiries will be job-related and consistent with business necessity and undertaken only to the extent necessary to confirm the individual's ability to perform all essential functions of the position, with or without reasonable accommodation.

I certify that all of the information given in this application is complete and true.

Signature of Applicant

Date

The Company will retain this application on file for six months and will be considered for the specific position applied for.