



Application for Employment

PBD, Inc. is an Equal Opportunity Employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume)

Date: _____

Personal Information

Full Name: _____
LAST FIRST MI

Address: _____
STREET CITY STATE ZIP

Home: _____ Work: _____ Cell: _____

Email Address: _____

Position Information

Position Desired: _____ Applying For: [] Full-Time Hours: _____
[] Part-Time Hours: _____
[] Seasonal Dates: _____

Referred By: _____ Date Available for Work: _____

Desired Salary: _____ Days and Hours Available to Work: _____

Can you perform the essential functions of the position for which you are applying? YES [] NO []
If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

General Information

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work)

Have you ever been charged and/or convicted of a felony or a misdemeanor? YES [] NO []
If yes, please explain: (Expunged or dismissed charges do not need to be disclosed)

Have you ever worked for PBD before? YES [] NO []
If yes, please list dates and position:

Do you have any relatives currently employed with PBD? YES [] NO []
If yes, please list their name(s) and relationship:

Education

Education Type of School	Name and Location of School	Course of Study	Check Last Year Attended	Graduated	Degree or Certificates Earned
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Vocational School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills:

Typing: _____ wpm

Microsoft Word

Data Entry: _____ kpm

EXCEL

10 key Calculator

PowerPoint

Microsoft Outlook

Other Software or Hardware Skills:

Additional Experience or Qualifications

Please list any other experience, skills or qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

Please indicate any prior military service which you would like considered in connection with your application for employment.

Please describe any specialized training, apprenticeships, licenses or skills.

Employment History

Begin with your current or most recent employment

Name of Employer		Position	
Address and Telephone Number _____ _____ () _____		Supervisor's Name and Title _____ _____	
Dates Employed		Rate of Pay	
From: _____	To: _____	Starting: _____	Final: _____
Description of Duties _____ _____ _____			
Reason for Leaving _____			
Name of Employer		Position	
Address and Telephone Number _____ _____ () _____		Supervisor's Name and Title _____ _____	
Dates Employed		Rate of Pay	
From: _____	To: _____	Starting: _____	Final: _____
Description of Duties _____ _____ _____			
Reason for Leaving _____			
Name of Employer		Position	
Address and Telephone Number _____ _____ () _____		Supervisor's Name and Title _____ _____	
Dates Employed		Rate of Pay	
From: _____	To: _____	Starting: _____	Final: _____
Description of Duties _____ _____ _____			
Reason for Leaving _____			

References

Please list three individuals, who are not related to you or previous supervisors listed above, who can provide professional work references.

Reference #1	
Name	Occupation
Address	Telephone Number
Reference #2	
Name	Occupation
Address	Telephone Number
Reference #3	
Name	Occupation
Address	Telephone Number

Applicant Acknowledgment and Authorization

Please read carefully before signing

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by PBD, Inc. that such employment with PBD is at will, for no specified duration and may be terminated by either PBD or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of PBD or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of PBD except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of PBD.

In consideration for employment with PBD, if employed, I agree to conform to the rules, regulations, policies and procedures of PBD at all times and understand that such obedience is a condition of employment. I understand that attendance and punctuality are considered essential requirements of every job at PBD and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with PBD, I may be required to submit to a pre-employment medical examination, drug-screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to PBD and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below, I acknowledge that I have read, understand and agree to the statements above.

Applicant Signature

Date