

REFERRED BY

If you were referred by a Premier employee, please write their first and last name:

First and Last Name of Premier employee

SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Signature

REFERRED FOR INFORMATION

Table with 3 columns: Employer, Person Contacted, Results. Rows 1-4.

OTHER COMMENTS

Four horizontal lines for additional comments.



APPLICATION FOR EMPLOYMENT

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

P E R S O N A L	Last Name	First	Middle	Date

	Street Address	Home Telephone		

	City, State, Zip	Business Telephone		

	Position Desired	Date available to start work		Social Security #

	Which of the following are you available to work?			
	<input type="checkbox"/> 35 - 40 hrs. <input type="checkbox"/> 25 - 35 hrs. <input type="checkbox"/> 15 - 25 hrs. <input type="checkbox"/> less than 15 hrs.			
Are you legally eligible to work in the U.S.?				

If you are under 18, can you provide required proof of your eligibility to work?				

What wage amount are you willing to accept?			Can you travel if needed?	
_____			_____	
How much would you like to be earning one year from your start date?			_____	
_____			_____	

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record(s). Start with your present or most recent employer.

1

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone

()

Employed (state month and year)

From: To:

Hourly/Salary Rate

Starting Final:

Reason for Leaving:

2

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone

()

Employed (state month and year)

From: To:

Hourly/Salary Rate

Starting Final:

Reason for Leaving:

3

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone

()

Employed (state month and year)

From: To:

Hourly/Salary Rate

Starting Final:

Reason for Leaving:

4

Company Name

Address

Name of Supervisor

State Job Title and Describe Your Work

Telephone

()

Employed (state month and year)

From: To:

Hourly/Salary Rate

Starting Final:

Reason for Leaving:

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School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
High School					
College					
Other					

Describe any specialized training, skills and professional memberships that may pertain to this job position
(i.e. gymnastics training, sign language, CPR, or safety certified, or USAG member)

Computer Skills
 List computer programs that you are familiar with.

Legal Information

- Have you ever been convicted of a crime? Yes No
- Have you ever been subject to any court order involving sexual, physical, or verbal abuse? Yes No
- Have you ever been declared liable for civil penalties or damages involving sexual, physical, or verbal abuse? Yes No
- Have you ever resigned, been terminated, or asked to resign due to complaints of sexual, physical, or verbal abuse? Yes No
- Do you have a conviction for the use and/or sale of an illegal substance? Yes No

Please use a separate sheet of paper to explain each yes answer in detail. Answering YES to any of the above inquiries will not necessarily disqualify you from employment with Premier, but will require Premier to make further inquiries before you will be permitted to begin your activities.