

APPLICATION FOR EMPLOYMENT FORM P-101

This company is an equal opportunity employer, and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief in recruitment, interview, or employment decisions made in the course of its business operations.

A	Position Information				
	1. Position applied for:				
2. Agency:					
B	Name and Contact Information		6. Social Security Number		
	3. First	4. Middle	5. Last		
	7. Address			8. Home Phone	
				9. Business Phone	
				10. Fax	
11. Email Address					
Education					
12. Circle last grade of High School Completed:				13. Year Completed	
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12					
14. If you did not complete High School, do you have a high school equivalency diploma?				15. Date Received	
Circle number of years of post-high school education					
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9					
16. Institution Name and Location	17. Hours	18. Degree	19. Major/Specialty	20. Minor	21. Dates Attended
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16. Institution Name and Location	17. Hours	18. Degree	19. Major/Specialty	20. Minor	21. Dates Attended
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22. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:					
D	Professional Experience				
	23. Employer			24. Dates of Employment	
	25. Address			26. Telephone	
				27. Type of Business	
	28. Position	29. Supervisor	30. Start Salary	31. End Salary	32. Full Time (Y/N)
	33. Number of employees you supervised	34. Reason for Leaving		35. Name if different from present	
	23. Employer			24. Dates of Employment	
	25. Address			26. Telephone	
				27. Type of Business	
	28. Position	29. Supervisor	30. Start Salary	31. End Salary	32. Full Time (Y/N)
	23. Employer			24. Dates of Employment	
	25. Address			26. Telephone	
				27. Type of Business	
	28. Position	29. Supervisor	30. Start Salary	31. End Salary	32. Full Time (Y/N)
	33. Number of employees you supervised	34. Reason for Leaving		35. Name if different from present	

D Professional Experience (continued)				
23. Employer			24. Dates of Employment	
25. Address			26. Telephone	
			27. Type of Business	
28. Position	29. Supervisor	30. Start Salary	31. End Salary	32. Full Time (Y/N)
33. Number of employees you supervised	34. Reason for Leaving		35. Name if different from present	
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E Special Achievements, Seminars, Training, Etc.
36. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

F Licenses and Certifications*			
37. Type	38. Number	39. Expiration (if applicable)	40. Granted By
37. Type	38. Number	39. Expiration (if applicable)	40. Granted By
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*you may attach transcripts in lieu of completing this section.

G References		
41. Name		42. Address
43. Telephone	44. Relationship	
41. Name		42. Address
43. Telephone	44. Relationship	
41. Name		42. Address
43. Telephone	44. Relationship	
41. Name		42. Address
43. Telephone	44. Relationship	
41. Name		42. Address
43. Telephone	44. Relationship	

H Questionnaire	
Check which shift you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends Specify shift hours _____	
Check which job status you would accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (specify) _____	
Check which employment status you'd accept: <input type="checkbox"/> Salaried (benefits) <input type="checkbox"/> Hourly (No benefits) <input type="checkbox"/> Part-time salaried (leave benefits only)	
Are you willing travel? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, <input type="checkbox"/> During the day only, <input type="checkbox"/> Occasional overnight, <input type="checkbox"/> Frequent overnight.	
Do you have possession of a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, _____	
Do you have access to an insured vehicle capable of and appropriate for use for the position applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, _____	
List the geographic locations in which you are willing to work. If anywhere in the US, write "all" _____	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.	
Are you willing to provide your own transportation if necessary for your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
Have you ever been convicted* for any violation(s) of law, including moving traffic violations <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, please provide the following: Description of offense: _____	
Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____ County, City and State of Conviction: _____	
(For additional convictions use plain paper. Include all information listed above.)	
When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year.	

I Certification	
Each Application Requires Current Date and Original Signature.	
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Premirus Technologies Corporation. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need to- know basis for good cause shown as determined by the agency head or designee.	
C Date	Applicant Signature