



Application for Employment

Equal Opportunity Employer

Only completed and signed applications will be evaluated. Applications containing incomplete or “see resume” responses will not be processed.

Last Name			First			MI	Date of application		
Current Address						Social Security Number		Driver's License #	
City			State		Zip	Telephone		Date of Birth	
How were you referred to Performance Resources? (Mark only one.)	A. By your college or university	B. Advertisement	C. Employment Agency	D. By an employee	If so: Give name	E. Employment Security Commission	F. Open house	H. Walk-in	I. Other

Please read carefully and complete by printing in ink or typing.

All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin, sexual orientation, handicap, disability or veteran status. All information provided will be properly evaluated so that each applicant will receive individual consideration. No single piece of information will automatically prevent an applicant from being considered. Each applicant will be reviewed on individual merit. No question is intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information.

Provide all information requested.

Your completed application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Position for which you are applying		Date available to start	Approximate starting pay expected
Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		As a condition of employment you are required to submit proof of employment eligibility in compliance with the Immigration Reform and Control Act of 1986.	
Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:			
Other name(s) by which you have been known:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If “Yes,” please explain below giving date, charge, disposition and any other details you feel are appropriate. Please note that a conviction record does not automatically exclude you from consideration for employment. All relevant factors such as seriousness/nature of the infraction, its relation to the position sought, DATE OF CONVICTION and rehabilitation will be considered.	

Educational History

School Name	Location (city, state)	Major course or subject	Degree	Date Degree Received
High school				Not Required
Technical/trade (after high school)				
College (list all attended)				
Other education/training/certificates				

Military Record

Branch of Service	From	To
Present military affiliation:		
<input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)		
Kinds of training and duty while in service		

Special Skills

To be completed by applicant for office/clerical work	To be completed by applicant for shop/plant work	
Typing <input type="checkbox"/> Yes Words per minute: <input type="checkbox"/> No	Type of machines operated:	Years experience
Dictation <input type="checkbox"/> Yes Words per minute: <input type="checkbox"/> No		
Computer skills <input type="checkbox"/> Hardware <input type="checkbox"/> Software	Computer skills <input type="checkbox"/> Hardware <input type="checkbox"/> Software	
Please list other skills and/or equipment/language experience you have acquired	List other shop/production skills	

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age or handicap.)

Professional memberships, certificates or licenses held
Past or present civic or cultural activities – include office held
Principal hobbies

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	Zip Code	
Supervisor's name		Phone number	
Salary/Pay	Dates worked From To		
Reason for leaving			
Previous company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	Zip Code	
Supervisor's name		Phone number	
Salary/Pay	Dates worked From To		
Reason for leaving			
Previous company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	Zip Code	
Supervisor's name		Phone number	
Salary/Pay	Dates worked From To		
Reason for leaving			
Previous company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	Zip Code	
Supervisor's name		Phone number	
Salary/Pay	Dates worked From To		
Reason for leaving			

