

Pulverman

A PENNMARK TECHNOLOGIES COMPANY

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL

Last Name	First	Middle	Date
Street Address			Telephone
City, State, Zip			Email Address
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": month and year Location			
Position Desired	Are you available to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, state which shift you are available for: <input type="checkbox"/> Midnight <input type="checkbox"/> Day <input type="checkbox"/> Afternoon		Pay Expected
Apart from absence for religious observances are you available for full time work: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what days can you work?			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be able to begin work?
Other special training or skills (language, machine operations, etc.)			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

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Please give an accurate, complete, full-time and part-time employment record. Start with your present of most recent employer.

EMPLOYMENT

Company Name 1	Telephone
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe your Work	Reason for leaving
Company Name 2	Telephone
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe your Work	Reason for leaving
Company Name 3	Telephone
Address	Employed – (State month and year) From
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe your Work	Reason for leaving
Company Name 4	Telephone
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe your Work	Reason for leaving

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We may contact the employers listed on the previous page unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Numbers	Reason

MILITARY

Did you serve in the U.S. Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
Describe any training received relevant to the position for which you are applying.	

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age or national origin)

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, education institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date _____ Signature _____