



Professional Testing

EMPLOYMENT APPLICATION (Please Print)

Position Applied for:	Date of Application:	
How did you learn about the job opening? (Check all that apply.)		
_____ Advertisement	_____ Internet	_____ Recruitment Firm
_____ Walk-In	_____ Current Employee	_____ Other: _____
Last Name:	First Name:	Middle Initial:
_____	_____	_____
Address:	City:	State/ZIP code:
_____	_____	_____
Telephone: (Cell)	Telephone (Home)	

Which hours are you available to work? (Check one.)

_____ Regular Full-Time _____ Regular part-time _____ Seasonal

On what date are you available to work? _____

Are you currently employed? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(Proof of citizenship or immigration status will be required upon employment.)

Education

	High School	Technical School	College	Other
Name and Location				
Years Completed				
Diploma/Degree Or Course of Study				

Summarize special skills and training relevant to the job.

Describe honors received.

List business, trade, or civil activities and offices held. *(You may exclude memberships that may reveal sex, race, religion, national origin, age, disability, or other protected status.)*

References

Give the name, address, and telephone number of **three** business or academic references who are not related to you.

Name	Relationship	Phone #	Email

Special Qualifications

On a scale of **0 to 5**, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise in the following.

Microsoft Word ____ Microsoft PowerPoint ____ Microsoft Excel ____ Microsoft Access ____

Work History

Employer:	Dates Employed:
Employer's Address:	Employer's Telephone Number:
Job Title:	Supervisor:
May we contact your supervisor? _____ YES _____ NO	
Work Performed:	
Reason for Leaving:	

Work History

Employer:	Dates Employed:
Employer's Address:	Employer's Telephone Number:
Job Title:	Supervisor:
May we contact your supervisor? _____ YES _____ NO	
Work Performed:	
Reason for Leaving:	

Work History

Employer:	Dates Employed:
Employer's Address:	Employer's Telephone Number:
Job Title:	Supervisor:
May we contact your supervisor? _____ YES _____ NO	
Work Performed:	
Reason for Leaving:	

Are you able to perform the essential requirements of the job as you understand it? _____ Yes _____ No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____ Yes _____ No

Please read carefully.

I certify that the answers given on this application are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **“at will”** nature, which means that the employee may resign at any time and the employer may discharge the employee at any time without cause. It is further understood that this **“at will”** relationship may not be changed by any written documentation or by conduct unless the change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on this form or in any interviews for employment with Professional Testing, Inc. may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature of candidate: _____ Date: _____

Professional Testing, Inc. considers candidates for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, and any other legally protected status.