



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Name:		Date:
Address:		
City:	State:	Zip:
Home Phone:	Social Security Number:	
Cell:	Driver's License:	

GENERAL INFORMATION Car: Yes / No _____

Position applied for: _____ Desired Wage: _____

Available to work: Full-Time Part-Time Any-Time Note: _____

Date available to start work: _____ Note: _____

How did you hear about us? Newspaper Job Fair Employee _____
 Agency Job Posting (where?) _____ Other _____

If you are under age 18, can you provide a work permit if offered a job? Yes No

If you are not a U.S. citizen, do you have the right to work in the U.S.? Yes No

Have you been convicted of a felony within the last seven years? Yes No
(A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain: _____

Have you ever applied for a position with or worked for this Company before? Yes No

If yes, specify dates: From _____ To: _____

EDUCATION

	Name and address of school	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Other (specify)				

EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			
Description of Duties:			
Reason for Leaving:			

If you need additional space, please continue your response on back of page.

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes No

If necessary, please indicate what type(s) of reasonable accommodations are needed:

Are you a veteran of the United States military service? Yes No

Please state branch of service: _____

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

Please provide names, addresses, and phone numbers of two **references** who are not related to you:

Name: _____ Phone: _____

Address: _____

How do you know this person? _____

Name: _____ Phone: _____

Address: _____

How do you know this person? _____

Person to be contacted in the event of an accident or **emergency**:

Name: _____ Phone: _____

Address: _____

How do you know this person? _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified-period of time, or to make any agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Property Loss Management, LLC may run a background check on me, to check my driving record, credit history, circuit court history and other data banks to make determinations on my offer of employment.

Signature of Applicant

Date

Property Loss Management, LLC is an equal opportunity employer that does not discriminate in hiring or employment on the basis of race, religion, color, sex, age, national origin, veteran status, disability, or sexual orientation. No information on this application will be used for such discrimination.