

# Application for Employment



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NOTE: This application form was designed for use by persons applying for various positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

Date of Application: \_\_\_\_\_

**Please Print**

Name: \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
 (Street)  
 \_\_\_\_\_  
 (City) (State) (Zip code)

Telephone:  Home: \_\_\_\_\_

Check which preferred  Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position desired: \_\_\_\_\_

Date available: \_\_\_\_\_ Full time/Part time/Other/All

Salary/Compensation Desired: \_\_\_\_\_

**Educational Data**

School	Print Name & Address	Years Completed	Degree	Major/Course of Study	G.P.A (optional)
High School					
College					
Graduate School					
Tech/Trade Other					

# *Employment History*

*In order to be considered for employment the following section must be filled out completely, even if you submit a resume.*

In the following spaces give a complete record of your employment, including periods of unemployment, if any. Begin with your most recent employment and work back. You may include any volunteer work as well. If additional space is needed, attach a supplementary sheet.

Employer	Employed From: _____ mo/yr To: _____ mo/yr	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ End Salary: _____		
Immediate Supervisor:		

Employer	Employed From: _____ mo/yr To: _____ mo/yr	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ End Salary: _____		
Immediate Supervisor:		

Employer	Employed From: _____ mo/yr To: _____ mo/yr	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ End Salary: _____		
Immediate Supervisor:		

Employer	Employed From: _____ mo/yr To: _____ mo/yr	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ End Salary: _____		
Immediate Supervisor:		

## *Employment History (cont.)*

Employer	Employed From: _____ mo/yr To: _____ mo/yr	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ Immediate Supervisor:	End Salary: _____	

Employer	Employed From: _____ mo/yr To: _____ mo/yr.	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ Immediate Supervisor:	End Salary: _____	

Employer	Employed From: _____ mo/yr. To: _____ mo/yr.	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ Immediate Supervisor:	End Salary: _____	

Employer	Employed From: _____ mo/yr. To: _____ mo/yr.	Start Position
Address		Last Position
Telephone		Other
Start Salary: _____ Immediate Supervisor:	End Salary: _____	

## Additional Inquiries Concerning Employment

1. May we contact your present employer?  Yes  No Previous employer?  Yes  No  
Please identify any exceptions and reasons for not contacting:

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2. In order to permit a check of your work and educational records, should we be made aware of any name change or assumed name that you previously used?  Yes  No If "Yes", identify names and relevant dates.

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3. Have you ever been disciplined, suspended, terminated or forced to resign from employment?  Yes  No  
If "Yes", please explain.

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4. Except for vacation holidays, how many work days were you absent the past calendar year?

0-5 days  5-10 days  10-15 days  15-20 days  21 + days

During previous year?

0-5 days  5-10 days  10-15 days  15-20 days  21 + days

Comments: 

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5. Some of our clients require drug testing as a condition for an assignment.  
Would you be willing to take a drug test as a condition for an assignment?  Yes  No  
Would you prefer to be considered for assignments only to companies  
that do not require drug testing?  Yes  No

6. Have you ever been convicted of, or plead guilty to, a felony?  Yes  No (an affirmative response will not automatically disqualify you from employment.) If "yes", please explain.

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7. If applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?  Yes  No

8. Are you willing to work overtime as requested?  Yes  No

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Special training, experience, skills or licenses (languages, computer programs, machine operation, commercial driver's license etc.)

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### Computer Experience Summary (indicate below the kinds of work which you have done)

Programming (languages)

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CAD (software used):

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Typing (wpm: \_\_\_\_\_)

Graphics Software

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Other Computer Knowledge:

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Microsoft Word

Microsoft Excel

Microsoft Access

Microsoft Works

Microsoft Publisher

Microsoft PowerPoint

Internet

QuickBooks

Other Accounting Software \_\_\_\_\_

Lotus 1-2-3

## General Information

(In responding to these inquiries, continue on a separate sheet of paper if needed)

1. If you are not a citizen of the United States, do you have the legal right to remain permanently in the United States?  
\_\_Yes\_\_No \_\_\_Not Applicable
  2. Are you over 18 years of age? \_\_Yes \_\_No
  3. Do you possess a valid Driver's License? \_\_Yes \_\_No
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I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment activities, agree to cooperate in such an investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I understand that my employment is terminable at will, that I am not being employed for any specified time, and that this application is not and is not intended to be a contract for continued employment.

I understand that according to Federal law that all individuals hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizens status or, if aliens, their legal authorization to work in the USA. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Professional References

In order to be considered for employment the following section must be filled out completely, even if you submit a resume.

In the following spaces list the name, address, telephone, company, and title of three professional references. These are only to include instructors, employers, or coworkers. **Do not include personal references such as family members.** Please inform these people that they may be contacted.

Name	Company
_____	Title
Address	_____
_____	
Telephone	
_____	
_____	

Name	Company
_____	Title
Address	_____
_____	
Telephone	
_____	
_____	

Name	Company
_____	Title
Address	_____
_____	
Telephone	
_____	
_____	

