



PROFESSIONAL SERVICES GROUP
www.prismpsg.com · 480-712-3500

APPLICATION FOR EMPLOYMENT

Position You Are Applying For: _____ Desired Salary: _____ Available Start Date: _____

PERSONAL INFORMATION:

Last Name		First Name		M.I.	
Address		City		State	
Home Phone:		Cell Phone:		Zip	
Email Address: _____					
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If selected for employment, are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION:

School Name:	Location:	Degree Received:	Major

Please list additional education history on the back of this form.

Other training, certifications or licenses held: _____

EMPLOYMENT HISTORY:

Employer: _____	Dates Employed: _____ to _____
Work Phone: _____	Pay Rate: \$ _____ per _____
Address _____ City _____ State _____ Zip _____	
Position: _____	
Supervisor's Name and Title: _____	
Duties Performed: _____	
Reason for Leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list additional employment history on the back of this form.

REFERENCES:

Name:	Title:	Company:	Phone:

Acknowledgement and Authorization:

_____ I certify that all answers given herein are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

_____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____ Application is not intended to and does not create a contract or offer of employment, if hired, employment with the company would be on an at-will basis and could be terminated at the will of either party.

_____ The company is an equal opportunity employer and does not discriminate in hiring based on race, color, national origin, ancestry, religion, sex, disability, veteran status, age, genetic information, sexual orientation or marital status.

Signature of Applicant

Date

Additional EDUCATION:				
School Name:	Location:	Years Attended:	Degree Received:	Major
Other training, certifications or licenses held: _____				
Additional EMPLOYMENT HISTORY:				
Employer: _____		Dates Employed: _____		to _____
Work Phone: _____		Pay Rate: \$ _____		per _____
Address _____		City _____	State _____	Zip _____
Position: _____				
Supervisor's Name and Title: _____				
Duties Performed: _____				
Reason for Leaving: _____				
May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer: _____		Dates Employed: _____		to _____
Work Phone: _____		Pay Rate: \$ _____		per _____
Address _____		City _____	State _____	Zip _____
Position: _____				
Supervisor's Name and Title: _____				
Duties Performed: _____				
Reason for Leaving: _____				
May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer: _____		Dates Employed: _____		to _____
Work Phone: _____		Pay Rate: \$ _____		per _____
Address _____		City _____	State _____	Zip _____
Position: _____				
Supervisor's Name and Title: _____				
Duties Performed: _____				
Reason for Leaving: _____				
May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature of Applicant _____

Date _____