



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:
_____	_____	_____
City:	State	ZIP code:
_____	_____	_____
Telephone: (Cell)	Telephone (Home)	
_____	_____	

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

Regular Full-Time ☐ Regular part-time ☐ Seasonal ☐

Are you open to overtime? Yes ☐ No ☐

On what date are you available to work? _____

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

If hired, you will be required to provide documentation establishing your identity and authorization to work in the United States as required by federal law. Employment is contingent upon successful completion of the Form I-9 Employment Eligibility Verification process.

Education

	High School	Technical School	College	Other
Name &Location				
Degree/Diploma Earned				
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, relationship, telephone, and email address 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 _____
Outlook _____	SharePoint _____	Adobe _____	OneNote _____
Teams _____	Zoom _____		

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:	

As part of the employment process, the Company may conduct reference checks, employment verification, education verification, and other lawful pre-employment screenings. Any such screening will be conducted in compliance with applicable federal, state, and local laws.

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 ☐

If you require a reasonable accommodation during the application or hiring process, please notify Human Resources. The Company will engage in an interactive process to determine appropriate accommodations consistent with applicable law.

Please read carefully.

By submitting this application, whether electronically or in paper form, I certify that the answers given 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.

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, sexual orientation, gender identity/expression, pregnancy, and any other status protected by federal, state, or local law and any other legally protected status.

Signature of candidate: _____ Date: _____