

# Application for Employment

## Personal Information

Position desired \_\_\_\_\_ Date you would be able to start \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_ Email \_\_\_\_\_  
 (Street) (City) (zip code)

How were you referred to us? \_\_\_\_\_

Are you 18 years of age or older? Yes  No  Are you legally eligible to work in the United States? Yes  No

Are you available to work:

Weekdays/daytime hours? Yes  No  Saturday? Yes  No   
 Weekdays/evening hours? Yes  No  Sunday afternoon? Yes  No

Have you ever been convicted of any crime or violation of law or statute that has not been expunged by a court?\*

Yes  No  If yes, please explain \_\_\_\_\_

*\*Candidates selected for probable employment who are 18 or older will be required to provide a satisfactory criminal history report from the Indiana State Police as a condition of employment.*

## Education

	Name and Location of School	Number of Years Attended	Degree Received	Subjects Studied/ Major
High School				
College or University				
Trade, Business or Correspondence School				

Do you hold any license or professional certification? If yes, please specify \_\_\_\_\_

## Related Skills/Experience - Volunteer experience or other applicable experience, activities, or skills.

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## Professional Associations - Memberships and accomplishments (if applicable).

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## Employment for last 10 years

Please list current or most recent employment first. Attach additional sheet if necessary.

Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  Full time  Part time Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_  
(month/year) (month/year)

Address \_\_\_\_\_

Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Briefly describe duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If currently employed, may we contact this employer? Yes  No

Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  Full time  Part time Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_  
(month/year) (month/year)

Address \_\_\_\_\_

Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Briefly describe duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  Full time  Part time Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_  
(month/year) (month/year)

Address \_\_\_\_\_

Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Briefly describe duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please explain any gaps in employment \_\_\_\_\_

## Work-related references - (please provide three)

Name \_\_\_\_\_ Title/Company \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title/Company \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title/Company \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the information in the above employment application is accurate and complete to the best of my knowledge and authorize PCPL to verify its accuracy and to obtain reference information on my work performance. I understand that, if employed, falsified statements or omission of facts on this application shall be cause for my dismissal.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED

# This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### **NOTICE:**

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

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