

P:/Dept/HR/Forms - Public/Apl.Proc
Form Name: Application of Employ
Approved By:



Revision Number: Rev.3
Revision Date: July 25, 2007
Original Issue Date: December 15, 1999

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OF PRINT IN INK.

DATE _____

NAME _____ SOCIAL SECURITY # _____
 ADDRESS _____ HOW LONG? _____
 CITY _____ STATE/ZIP _____
 HOME PHONE # (____) _____ - _____ EMERGENCY PHONE # (____) _____ - _____
 CELL PHONE # (____) _____ - _____
 POSITION FOR WHICH YOU ARE APPLYING? _____
 TEMPORARY FULL TIME PART TIME (If Part Time, days and times available _____)
 Email address _____@_____
 MINIMUM SALARY REQUIREMENT? \$ _____/hr 1st DATE AVAILABLE _____

EDUCATION AND TRAINING.

	SCHOOL NAME/ADDRESS	DEGREE/MAJOR COURSE OF STUDY
HIGH SCHOOL		
COLLEGE		
TRADE SCHOOL		

ARE YOU LICENSED? YES NO IF SO, WHAT KIND, # AND EXP. _____

DO YOU HAVE TRANSPORTATION TO AND FROM THE JOBSITE, IN OR OUT OF TOWN? YES NO
 LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS OR CERTIFICATES/LICENSES THAT YOU POSSESS RELATED TO THIS JOB. _____

LIST ANY MACHINES OR EQUIPMENT ON WHICH YOU ARE QUALIFIED AND EXPERIENCED IN OPERATING.

LIST ANY LANGUAGES THAT YOU FLUENTLY: SPEAK _____
 READ _____
 WRITE _____

LIST ANY OFFICE SKILLS THAT YOU HAVE, INCLUDING ANY SOFTWARE THAT YOU HAVE WORKED WITH.

DO YOU HAVE A CURRENT PASSPORT? YES NO IF YES, WHAT IS THE EXPIRATION DATE?
 _____/_____/_____.

ARE YOU 16 YEARS OF AGE OR OLDER? YES NO IF UNDER 18, STATE AGE _____
 WERE YOU PREVIOUSLY EMPLOYED BY PRIME? YES NO IF YES, THEN WHEN? _____

LIST ANY RELATIVES WORKING FOR PRIME. _____

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HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)
 YES NO LIST YEAR, CHARGE AND OUTCOME OF EACH OFFENSE _____
 HAVE YOU EVER PLED GUILTY OR NOLO CONTENDRE (NO CONTEST) TO A CRIMINAL CHARGE IN ORDER
 TO QUALIFY FOR DEFERRED AJUDICATION? YES NO
 IF YES, EXPLAIN. _____

HAVE YOU EVER BEEN ON ANY TYPE OF PROBATION AS A RESULT OF A CRIMINAL CHARGE?
 YES NO IF YES LIST _____
 IF YOU ARE CURRENTLY CHARGED WITH A CRIMINAL OFFENSE AND AWAITING TRIAL PLEASE EXPLAIN:

HAVE YOU EVER BEEN CHARGED WITH DWI OR DUI? YES NO IF YES LIST:

EMPLOYMENT HISTORY

LIST ALL WORK EXPERIENCE BEGINNING WITH THE PRESENT OR MOST RECENT JOB.



FROM _____ TO _____
 NAME OF EMPLOYER _____ TYPE OF BUSINESS _____
 ADDRESS _____ CITY/STATE/ZIP _____
 TELEPHONE # (____) _____ - _____ NAME OF SUPERVISOR _____
 MAY WE CONTACT? YES NO EMPLOYED: PART-TIME FULL-TIME
 YOUR TITLE _____ DUTIES _____
 REASON FOR LEAVING _____
 BEGINNING SALARY _____ ENDING SALARY _____



FROM _____ TO _____
 NAME OF EMPLOYER _____ TYPE OF BUSINESS _____
 ADDRESS _____ CITY/STATE/ZIP _____
 TELEPHONE # (____) _____ - _____ NAME OF SUPERVISOR _____
 MAY WE CONTACT? YES NO EMPLOYED: PART-TIME FULL-TIME
 YOUR TITLE _____ DUTIES _____
 REASON FOR LEAVING _____
 BEGINNING SALARY _____ ENDING SALARY _____



FROM _____ TO _____
 NAME OF EMPLOYER _____ TYPE OF BUSINESS _____
 ADDRESS _____ CITY/STATE/ZIP _____
 TELEPHONE # (____) _____ - _____ NAME OF SUPERVISOR _____
 MAY WE CONTACT? YES NO EMPLOYED: PART-TIME FULL-TIME
 YOUR TITLE _____ DUTIES _____
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FROM _____ TO _____

NAME OF EMPLOYER _____ TYPE OF BUSINESS _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE # (____) ____ - _____ NAME OF SUPERVISOR _____

MAY WE CONTACT? YES NO EMPLOYED: PART-TIME FULL-TIME

YOUR TITLE _____ DUTIES _____

REASON FOR LEAVING _____

BEGINNING SALARY _____ ENDING SALARY _____

REFERENCES

LIST THREE PEOPLE WHO ARE NOT EMPLOYERS OR RELATIVES THAT HAVE KNOWN YOU FOR AT LEAST THREE YEARS.

	NAME AND ADDRESS	OCCUPATION	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE INCLUDE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS ADDITIONAL WORK EXPERIENCE, ARTICLES/ BOOKS PUBLISHED, ACTIVITIES, HONORS RECEIVED, ETC. (YOU MAY OMIT ALL INFORMATION THAT WOULD INDICATE AGE, SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, OR HANDICAP).

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AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

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 FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTICIATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE ALL PERSONS LISTED ABOVE – AND ON THE ACCOMPANYING RESUME, IF ANY – TO PRIME GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE – PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES, SUCH PERSONS, AND PRIME FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO PRIME.

I UNDERSTAND THAT PRIME WILL PROVIDE WORKERS' COMPENSATION INSURANCE FOR ITS EMPLOYEES. IN THE EVENT OF ANY INJURY IN THE WORKPLACE, I AGREE THAT MY SOLE REMEDY LIES IN COVERAGE UNDER PRIME WORKERS' COMPENSATION INSURANCE POLICY.

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE A DRUG AND ALCOHOL SCREENING TEST. I HEREBY GIVE MY VOLUNTARY CONSENT FOR A BLOOD AND/OR URINE SAMPLE TO BE COLLECTED FROM ME AND SUBMITTED FOR TESTING. I ALSO CONSENT TO THE RELEASE OF THE TEST RESULTS TO PRIME FOR ITS USE. I UNDERSTAND ANY POSITIVE DRUG OR ALCOHOL RESULT MAY PRECLUDE MY EMPLOYMENT.

SIGNATURE

DATE

FOR OFFICE USE ONLY

INTERVIEWER NOTES:

_____ APPEARANCE AND GROOMING
 _____ ATTITUDE & BEHAVIOR
 _____ JOB KNOWLEDGE

_____ EXPERIENCE
 _____ VOICE & ARTICULATION
 _____ OVERALL EVALUATION

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Purpose of the Cole Group

The Cole group will assist you in procurement of this job opportunity by quickly and accurately verify information you submit concerning your background, work history, and job skills.

Disclosure

Prime will utilize The Cole Group, a records investigation firm, to verify information you have provided on the application and during interviews. Various sources such as former employers; educational institutions; courts; law enforcement agencies; correctional facilities; jails; and other government record repositories will be accessed. Information procured by The Cole Group now and in the future will be communicated to **Prime**, and utilized to evaluate you for a possible offer of employment, and future promotion, or retention as an employee.

I hereby acknowledge the above disclosure and grant unlimited consent for The Cole Group to make such inquiries and to communicate the results to **Prime**.

SIGNATURE

DATE

Release of Liability

I agree that any inaccurate or incomplete records or information provided to or obtained by The Cole Group will be the sole responsibility of the source of that information. Notice: Within a reasonable time, you may write to The Cole Group at 5255 Katy Freeway, Suite 250, Houston, TX 77007, and request the nature and substance of information provided by these sources of records. Please include your address and zip code in any such request. Accordingly, I hereby release from liability and hold harmless The Cole Group, former employers, and **Prime**, and all of the owners, officers, and employees of these companies from any blame, claim, lawsuit, liability, compensation, or damages arising out of the acquisition or use of this information. I consent to and request that The Cole Group communicate to **Prime**, all information obtained now and in the future from the above sources. I understand that The Cole Group does not make the hiring or retention decision and that such decisions are made solely by **Prime**.

PRINT NAME

SIGNATURE

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Authorization for Former Employers to Provide Information

I hereby request the full disclosure of all information concerning my employment at your company, to include DATES OF EMPLOYMENT, my job title/position pay, and REASON FOR LEAVING. I release and hold harmless all former employers from any damages, claims, causes of action and liability in reference to furnishing and verifying such information.

PRINT NAME

SIGNATURE

DATE