

# APPLICATION FOR EMPLOYMENT

**PGS Incorporated**

1600 E. Big Beaver  
Troy, MI 48083

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date of Application: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

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

Current Street

City

Zip Code

Telephone #: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_

Have you ever been employed here before?:

\_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible for employment in this country?:

\_\_\_\_ Yes \_\_\_\_ No

If not, please give VISA number and expiration: \_\_\_\_\_

Have you been convicted of a crime in the last seven (7) years?:

\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Conviction will not necessarily be a bar to employment; each instance and explanation will be considered in relation to the position which you are applying

Driver's License/State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Type of employment desired: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary

Position(s) applied for: \_\_\_\_\_ Date of availability : \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit: \_\_\_\_ Yes \_\_\_\_ No

## References

Name

Telephone

Years Known

Name	Telephone	Years Known

How did you learn about us?: \_\_\_\_ Friend \_\_\_\_ Relative \_\_\_\_ Walk-In  
\_\_\_\_ Employment Agency \_\_\_\_ Other \_\_\_\_\_

## List name and addresses of schools:

# of years  
completed

Diploma  
Degree/Certificate

Subjects  
Studied

High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that are related to the job for which you are applying:

\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying:

\_\_\_\_\_

## Employment History

Provide the following information for your past four (4) employers or volunteer activities, starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Reason for leaving	Hourly Rates/Salary	Start \$ _____ Per _____	Final \$ _____ Per _____
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Reason for leaving	Hourly Rates/Salary	Start \$ _____ Per _____	Final \$ _____ Per _____
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Reason for leaving	Hourly Rates/Salary	Start \$ _____ Per _____	Final \$ _____ Per _____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigations conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving records, and criminal history. I authorize any persons, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigations and I hereby release all persons and corporations requesting or supplying information to such investigations from all liability or responsibilities to me for doing so. I understand that I have the right to make a written request within a responsible period of time for a complete disclosure of all nature and scope of any investigation. 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 that I am hired.

I understand that compliance with the Company's Employee Handbook is a condition of my employment.

I understand I may be required to successfully pass a drug-screen examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application for employment will remain active for a limited time.*

Received by Initials: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: FTE \_\_\_\_ PTE \_\_\_\_ TE \_\_\_\_ SD \_\_\_\_ SS \_\_\_\_

GENERAL LABOR MACHINE OPERATOR SUPERVISOR LEVEL: 1 2 3 TARGET DATE: \_\_\_\_\_