

54440 National Rd/Bridgeport, OH 43912  
tel:740-635-0590 or 866-890-1367  
fax:740-635-0850  
[www.teampmsi.com](http://www.teampmsi.com)

## Application for Employment

### ***Personal Data***

Date of application:

Name: LAST FIRST MIDDLE

Address: STREET CITY STATE ZIP

Telephone #:( ) Mobile Phone #:( )

E-Mail Address: \_\_\_\_\_

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### ***Employment Desired***

Position(s): \_\_\_\_\_ Date available for work \_\_\_\_\_

Availability:  Full-Time  Part-Time Days and Hours available: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to PMSI before: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Who referred you to PMSI? \_\_\_\_\_

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### ***Education***

School	Name & Location	Dates Completed	Degree Received/Major
High			
College			
Graduate School			
Other			

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**Employment History**

Employer (begin with most recent)	Dates (mo/yr)	Job Title	Pay Rate	Reason for Leaving
Name	From			
Address	To			
Name	From			
Address	To			
Name	From			
Address	To			
Name	From			
Address	To			

List any job related to society memberships or professional organizations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Professional References**

List three references, whom you have worked for/with, that have known you for at least one year, and are not related to you.

NAME	ADDRESS	TELEPHONE
		( )
		( )
		( )

U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Present member of National Guard? \_\_\_\_\_

**Physical Record:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  
 YES  NO If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
 PHONE \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANYTIME WITHOUT ANY PRIOR NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_