



Employment Application

An Equal Opportunity Employer

Please Print

Today's Date _____ Last Name _____ First Name _____ Middle _____

Present Address

No. & Street _____ City _____ State _____ Zip _____

Permanent Address (if different from present address)

No. & Street _____ City _____ State _____ Zip _____

() _____ () _____ - -
Business Phone Home Phone Social Security Number

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? ☐ Yes ☐ No

Regular part-time work? ☐ Yes ☐ No

What days and hours are you available for work? _____

Are you available for work on weekends? ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ☐ Yes ☐ No

If hired, on what date can you start work?

Salary desired: _____

Personal Information

Have you ever applied to or worked for **PACIFIC RIM** before? ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for **PACIFIC RIM**? ☐ Yes ☐ No

If yes, state name(s) and relationship:

Name _____ Relationship _____

Why are you applying for work at **PACIFIC RIM**?

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) ☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? ☐ Yes ☐ No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at **PACIFIC RIM**? ☐ Yes ☐ No

If so, please explain:

Employment History

List below all present and past employment **starting with your most recent employer**. Account for all periods of employment and unemployment for at least the last five years. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. () _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____

From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer _____ Telephone No. () _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____

From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer _____ Telephone No. () _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____

From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? ☐ Yes ☐ No

Military Service

Have you obtained any special skills or abilities as the result of service in the military? ☐ Yes ☐ No

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____		Last Name _____		() _____		Telephone No. _____		
Address & Street _____			City _____		State _____		Zip _____	
Occupation _____			No. of Years Acquainted _____					

First Name _____		Last Name _____		() _____		Telephone No. _____		
Address & Street _____			City _____		State _____		Zip _____	
Occupation _____			No. of Years Acquainted _____					

First Name _____		Last Name _____		() _____		Telephone No. _____		
Address & Street _____			City _____		State _____		Zip _____	
Occupation _____			No. of Years Acquainted _____					

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials _____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.
----------	--

Initials _____ I understand that a post offer, pre-employment drug test may be required for employment and I further understand that random drug testing may be conducted during my employment if I am hired.

Date _____

Applicant's Signature