

PBS EMPLOYMENT APPLICATION

NAME: _____
First Middle Last

POSITION APPLIED FOR: _____ SALARY: \$ _____ /HR

CURRENT ADDRESS: _____
Street Address City State Zip Township
 How Long? _____

PREVIOUS ADDRESS: _____
Street Address City State Zip Township
 How Long? _____

PHONE #: (_____) _____ E-MAIL ADDRESS: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH*: _____ (* Birth date necessary to verify criminal or driving history. The Federal Age Discrimination Act of 1967 prohibits discrimination on the basis of age.)

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

OTHER LAST NAMES USED: _____

EMPLOYMENT EXPERIENCE

Most Recent Employer		Previous Employer		Previous Employer	
Street Address		Street Address		Street Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Telephone Number (_____) _____		Telephone Number (_____) _____		Telephone Number (_____) _____	
Last Supervisor's Name:	May We Contact Employer?	Last Supervisor's Name:	May We Contact Employer?	Last Supervisor's Name:	May We Contact Employer?
Dates Employed Start End	Salary Start End	Dates Employed Start End	Salary Start End	Dates Employed Start End	Salary Start End
Position/Duties		Position/Duties		Position/Duties	
Reason for Leaving		Reason for Leaving		Reason for Leaving	

EDUCATION & SKILLS

Check the box of the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

INSTITUTION NAME	CITY / STATE	DATES	STUDIED / DEGREE

PROFESSIONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	COMPANY	PHONE NUMBER	YEARS KNOWN / RELATIONSHIP
		(_____) _____	
		(_____) _____	
		(_____) _____	

Are you legally authorized to work in the United States? _____ If No, please explain. _____

Have you ever been convicted of a felony? _____ If yes, please describe. (This will not necessarily exclude you from consideration.) _____

Have you been convicted of any of the following offenses **within the past 3 years?** (Check all that apply): DWI/DUI Reckless Driving
 Suspended License Speeding 25 MPH or more above the speed limit Drug Offense Hit Run / Leaving the scene of accident Two or more at-fault accidents Three or more moving violations * If checked, please describe. _____

CERTIFICATION AND NOTICE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. **Applicant agrees to relocate within 25 miles of facility (if applicable) by acceptance of job offer.** I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment. I authorize the company or its representatives to investigate all statements contained in this application which may be necessary to arrive at an employment decision.

PLEASE SIGN AND DATE HERE

Signed _____	Date _____
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Please complete and return this questionnaire:

1. How did you hear about Penn Biomedical Support ?
2. What brings you to the job market at this point in your career?
3. What aspects of the (specific) job are of greatest interest to you?
4. What would be an ideal position for you at this point in your career?
5. What skills and/or qualifications do you feel you possess that make you a qualified candidate for this position?
6. Have you ever been terminated from a position? If yes, discuss circumstances around the termination.
7. What is your salary requirement?