

Dates of Employment: _____ Employer Name: _____ Employer Phone: _____
 begin end (____) - ____ - ____
 Job Title: _____ Employer Address: _____
 Street Apt # City State Zip

Job Duties and Responsibilities: _____

Pay rate: _____ Reason for Leaving: _____ Supervisor Name & Title: _____

Consistent attendance and punctuality are required for every job at Promotion Support Services, Inc. Is there anything which would interfere with your regular attendance and punctuality if you are offered a position? YES NO
 If yes, please explain: _____

Please indicate what hours you are available to work:

	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM	() AM () PM	() AM () PM	() AM () PM	() AM () PM	() AM () PM	() AM () PM	() AM () PM
TO	() AM () PM	() AM () PM	() AM () PM	() AM () PM	() AM () PM	() AM () PM	() AM () PM

Please list any skills or qualifications that may qualify you as being able to perform the job related duties for the position you're applying for:

Please list any educational background that may qualify you as being able to perform the job related duties for the position you're applying for:

APPLICANT NOTIFICATION STATEMENT AND ACKNOWLEDGEMENT
PLEASE READ BEFORE SIGNING!!!!

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

It is the policy of PSS to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and/or any other characteristic protected by Federal, State, or Local law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

I understand that this application remain current for only one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form regarding this.

Signing below indicates that you have read, fully understand, and accept all terms of the foregoing statement.

Applicant Signature _____ Date ____/____/____