

APPLICATION FOR EMPLOYMENT

Employees of *PPI Technologies, Inc.* and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

1. Position applied for _____
(One per application)

2. Social Security No. _____

3. Full legal name _____
Last First Middle

5. Address _____

City State Zip

6. Home Phone _____

7. Business Phone _____

8. E-mail Address _____

9. Education

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma?
Yes No Date Received _____

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hours	Degree Received	Major/Specialty	Minor	Dates Attended
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

10. Experience - Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe most relevant paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities, which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title _____ Duties _____
Employer _____
Address _____
Phone _____ Type of Business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ (finish) _____
Number and titles of employees you supervised _____
Dates (mo/yr) _____ To (mo/yr) _____
Equipment used _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours / week _____
Your name if different from present _____

b. Job Title _____ Duties: _____
Employer _____
Address _____
Phone _____ Type of business _____
Immediate supervisor _____
Title _____
Number and titles of employees you supervised _____

- c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievements or specialized skills.

- d. Automated word processing (specify equipment) _____

Typing speed _____ Words per minute

- e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
_____	_____	_____
_____	_____	_____

11. **References**

List names, addresses and relationships of three persons not related to you who know your Qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. **Miscellaneous**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends

Specify shift hours _____

- b. Check which job status you would accept: Full-time Part-time (specify) _____

- c. Check which employment status you'd accept: Salaried (benefits) Hourly (no benefits)
 Part-time salaried (leave benefits only)

- d. Are you willing to accept employment which requires you to travel? No Yes

If yes, During the day only, Occasionally overnight, Frequently overnight