



**APPLICATION
FOR
EMPLOYMENT**

Human Resources Department
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Corbin, KY 40701
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EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, religion, national origin, disability or veteran status, or other protected classification.

PLEASE PRINT:

Name: _____ Date _____
(Last Name) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (____) _____ Alternate Number: (____) _____

Are you over 18 years old? ? Yes ? No If not, employment is subject to verification of age.

Are you legally eligible for employment in the United States? ? Yes ? No

How did you learn of this opening? ? Employee Referral (please list name of employee): _____
?? Newspaper
?? Job Fair
?? Other: (please list) _____

POSITIONS APPLIED FOR:

(1) _____ (2) _____

Area(s) of Interest: _____

Shift Preferred: ? Day ? Evening ? Night ? Full-Time ? Part-Time

Wage or Salary desired? \$ _____ When are you available to start? _____

Have you ever worked for PT Pros before? ? Yes ? No

If yes: Month and Year _____ Location: _____

Are you willing to work all hours, shifts, or days as required? ? Yes ? No If no, please list those

Hours, shifts, and days that you are willing to work: _____

Are you willing to work overtime if asked? ? Yes ? No

Have you ever been convicted of a criminal offense or have you ever been or are you currently a defendant in a criminal proceeding? Includes misdemeanors, deferred adjudication, and probated sentence. ? Yes ? No

If yes, state the offense, date, location, and disposition. (Conviction will not necessarily disqualify an Applicant for employment.)

MILITARY HISTORY: Branch: _____ Member of Reserves? ? Yes ? No
? Active ? Inactive

PROFESSIONAL LICENSURE/CERTIFICATIONS:

Type/Number: _____ State Issued: _____ Expiration Date: _____

COMPUTER/SOFTWARE SKILLS:

? Personal Computer ? WordPerfect ? Lotus ? Microsoft Word ? Excel

? Typing Speed: _____ ? Graphics software – type: _____

? LAN/WAN experience ? Ten Key

? Other software or skills: _____

Experiences & Other Qualifications: _____

EDUCATION HISTORY:

<i>EDUCATION</i>	<i>NAME & LOCATION OF SCHOOL</i>	<i>Did you graduate?</i>	<i>No. of Years Completed</i>	<i>Degree or Diploma</i>
High School				
College				
College / University				
Other Special Training / Education / Language:				

WORK HISTORY: May we contact your present employer? ? Yes ? No

Most Recent Employer:		Address:	Telephone:
Date Started:		Starting Position:	
Starting Salary: \$ _____ Per _____			
Date Left:		Position of Leaving:	
Salary of Leaving: \$ _____ Per _____			
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

Past Employer:		Address:	Telephone:
Date Started:		Starting Position:	
Starting Salary: \$ _____ Per _____			
Date Left:		Position of Leaving:	
Salary of Leaving: \$ _____ Per _____			
Name and Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

Past Employer:	Address:	Telephone:
Date Started:	Starting Position:	
Starting Salary: \$ _____ Per _____		
Date Left:	Position of Leaving:	
Salary of Leaving: \$ _____ Per _____		
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Past Employer:	Address:	Telephone:
Date Started:	Starting Position:	
Starting Salary: \$ _____ Per _____		
Date Left:	Position of Leaving:	
Salary of Leaving: \$ _____ Per _____		
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize PT Pros to make an investigation of any of the facts set forth in this application including criminal history, professional/technical certification or licensure, driving record, education, and credit history as it relates to my employment, and I hereby release PT Pros from all liability for any damages in obtaining this information. I understand that upon an offer of employment I will be required to pass a drug test prior to employment.

I understand that employment with PT Pros is "at will," which means that either I or PT Pros can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no person, supervisor, manager, or executive is authorized to alter any of the foregoing or to enter into any written or verbal employment contracts without the express written consent of the president.

Date: _____ Applicant's Signature: _____

Social Security Number: _____ - _____ - _____ Driver's License Number and State: _____

To be completed by Human Resources if the applicant is offered a job:

Position offered: _____ ? Full-time ? Part-time ? Temporary

Hourly Rate: _____ Salary: _____ Anticipated Start Date: _____

HR Representative

Applicant Signature

Date