Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Date available for employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

 Professional Business Solutions of Western Colorado

P

Position applying for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been given a job description or had the essential functions of the job explained to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand the essential functions of this position? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of this job with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** This application will expire 30 days after today’s date. If you wish to be considered for a position after that time, you must submit a new application.

**PERSONAL DATA:**

|  |
| --- |
| Name  |
|  Last First Middle |
| Current Address |
|  Number and Street City State Zip |
| Prior Address |
|  Number and Street City State Zip |

Phone Number Home :(\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the immigration Reform and Control Act of 1986, the Company is required to verify employment eligibility. If employed, can you provide employment eligibility documents? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Professional Business Solutions does not discriminate on the basis of citizenship or national origin. In completing this application for employment you may exclude information that indicates race, color, religion, sex, age, national origin, disability, or marital status. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities.

**GENERAL INFORMATION:**

List the states and counties of residence for the past seven years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the job requires, do you have the appropriate valid driver’s license? Yes \_\_\_\_\_ No \_\_\_\_\_

Name on license \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type \_\_\_\_\_\_\_\_\_\_\_\_State of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:** NOTE: do not fill out any part of this section that you believe to be non-job related

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed above, please enter that name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** | **City/State** | **Graduate?**  | **Degree?** |
| High school |  |  |  |
| College |  |  |  |
| Other |  |  |  |

**COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |
| --- | --- | --- |
| Name | Address/Phone | Years known/Relationship |
| 1. |  |  |
| 2. |  |  |
| **Job Title #1** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor’s Name | Phone Number |
| City | State | Zip |
| Duties: |
| Reason for Leaving | Starting Salary | Ending Salary |

 Professional Business Solutions of Western Colorado

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 **May we contact your present/previous employer? Yes \_\_\_ No\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Job Title #2** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor’s Name | Phone Number |
| City | State | Zip |
| Duties: |
| Reason for Leaving | Starting Salary | Ending Salary |

|  |  |  |
| --- | --- | --- |
| **Job Title #3** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor’s Name | Phone Number |
| City | State | Zip |
| Duties: |
| Reason for Leaving | Starting Salary | Ending Salary |
| **SPECIAL SKILLS** Because we work several types of businesses, list any additional special skills or experience that you would like us to be aware of.  |
|  |

**Certification and Release:** I certify that I have read this form in its entirety and that the information I have provided is true, accurate, and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge if I am employed regardless of when the false, misleading, or erroneous information is discovered.

I further understand and agree that this application is not a contract or employment, and that any individual hired by Professional Business Solutions may voluntarily leave his or her employment or may be terminated by Professional Business Solutions at any time for any reason. I understand that, other than a written agreement signed by the president of Professional Business Solutions, any oral or written statements to the contrary are not valid, are expressly disavowed, and should not be relied upon by any prospective or existing employee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by the Company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker’s compensation injuries, driving record, court record, education, credentials, credit , and references.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Professional Business Solutions or its’ agent, to furnish the information described above.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date