

PFW Employment Application

We consider applicants for all positions, without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:				
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In					
Last Name	First Name	Middle Name			
_____	_____	_____			
If applicable, list any additional names you have used or currently use:					
Also Known As (AKA's):		Maiden Name, if any:			
_____		_____			
Address	Number	Street	City	State	Zip Code

Telephone Number(s):				Social Security #:	
_____				- -	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? If Yes, give date _____
 Yes No

Are you currently employed? If Yes, give date _____
 Yes No

May we contact your present or last employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work? Full-Time Part-Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Education																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study																	
Describe any special training, apprenticeship skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us considering your application.																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references, who are not related to you.

1. _____

2. _____

3. _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				

If you need additional space, please continue on the back of this page.

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Hourly Rate/Salary _____

Job Title _____

Department _____

By _____



**DISCLOSURE NOTICE
REGARDING BACKGROUND CHECK REPORTS**

Important: Please read carefully before signing.

An employment background check, including a consumer report, investigative consumer report, and/or Internet-based search may include information concerning your character, employment history, general reputation, personal characteristics, police record, criminal records, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained from a third party consumer reporting agency, or by Pressler, Felt & Warshaw, LLP (“the Firm”) directly, in connection with your application for and/or continued employment with the Firm. In the event that the Firm seeks an investigative consumer report please know that such may involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history.

A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during any employment with the Firm, if hired. These reports may include experience information along with reasons for termination of past employment. Further, understand that information from various federal, state, local and other agencies which contain your past activities may be requested. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

The name, address and telephone number of the Consumer Reporting Agency preparing the report is: SentryLink LLC, 7500 Greenway Center Dr #1040 Greenbelt, MD 20770, 301-486-0862. Their privacy policy can be reviewed at: www.sentrylink.com.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the Consumer Reporting Agency, and a summary of your rights under the Fair Credit Reporting Act.

Please be advised that you have a right to inspect the files that the Consumer Reporting Agency may have on you during normal business hours and upon you furnishing proper identification.



**AUTHORIZATION
REGARDING BACKGROUND CHECK REPORTS**

Important: Please read carefully before signing.

By signing below, you hereby authorize without reservation, any party or Consumer Reporting Agency contacted by Pressler, Felt & Warshaw, LLP (“the Firm”) to furnish information about you in connection with an employment background check, including a consumer report, investigative consumer report, and/or Internet-based search concerning your character, employment history, general reputation, personal characteristics, police record, criminal records, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness.

Any investigative consumer report that is requested and prepared may involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You authorize procurement of the above mentioned information by the Firm as part of your application for employment and at any time during your employment, if hired.

You hereby authorize and request, without any reservation, any present or former employer, educational institution, financial institution, division of motor vehicles, consumer reporting agency, law enforcement department or agency, court, credit bureau, licensing agency, governmental agency including the U.S. Armed Forces, or other individuals and sources to furnish ADP Screening and Selection Services, the Consumer Reporting Agency, with any and all background information in their possession regarding you, in order that your employment (or continued employment) qualifications may be evaluated.

By signing below you acknowledge your understanding that falsification of information on your employment application may disqualify you from employment or result in immediate dismissal, if hired. You further agree to assist and cooperate with the investigation of your background, including providing all the necessary documents requested as part of that process.

You consent to a pre-hire drug test to be performed by Quest Diagnostics the cost for which will be paid by the Firm. You understand that if the test result indicates the presence of a positive result the offer of employment may be withdrawn.

Finally, you agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Print Name: _____

Signature: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Driver’s License State: _____ Driver’s License Number: _____

The following is solely for identification purposes only to perform the background check and will not be used as hiring criteria:

Other or Former Names: _____

Professional License: _____ State: _____ Type: _____ Number (if applicable): _____