



## EMPLOYMENT APPLICATION

Applicants will receive equal consideration without discrimination because of race, color, sex, age beliefs, nationality, handicap or veteran status.

<b>PERSONAL INFORMATION</b>					
Last Name	First	Middle	Date		
Social Security Number		Home Telephone	Cell Telephone		
Street Address	City	State	Zip		
Have you ever worked for Pro-Tec Inspection, Inc.		Yes	No	If Yes, Dates Employed	
Position Desired	Salary Expected	What date will you be available to start work?			
Are You applying for a full-time position?			What days and hours are you willing to work		
Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Will you work overtime if necessary?		Are you legally eligible for employment in the U.S.?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Have you ever been convicted or pled guilty or no contest to a felony offense?*				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been declined for bond coverage or had any bond coverage modified or revoked?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any outstanding warrants?		Yes <input type="checkbox"/>			
		No <input type="checkbox"/>			
<b>EDUCATION</b>					
Type of	Name of School	Course of	Number of Years Completed	Did you Graduate	Degree or Diploma
High School					
College					
Business, Trade or Technical					
Other special training, skills or Certifications ( languages, computer software, et& )					

\* A criminal record will not automatically disqualify an applicant from employment

## EMPLOYMENT EXPERIENCE

List your last three employers, start with your present or last job

Company Name	Telephone
Address	Employed ( Month and Year ) From To
Position / Work Duties	Salary (Upon Leaving)
Reason for Leaving	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Address	Employed ( Month and Year ) From To
Position / Work Duties	Salary (Upon Leaving)
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Address	Employed ( Month and Year ) From To
Position / Work Duties	Salary (Upon Leaving)
Reason for Leaving	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

## REFERENCES

List 2 Personal and 2 Professional References

Name	Phone Number	Relationship
Name	Phone Number	Relationship
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Name	Phone Number	Relationship

## MEDICAL HISTORY

All applicants must be able to lift 100 lbs, be able to stand on your feet for long periods of time and be able to work outside in the elements.

<b>All applicants must complete this section.</b>	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/ impairment/ disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or under Doctor's orders at the present or within the past year? If you answer is yes, please provide further details of the condition, treatment and dates.	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated yes to any of the above questions you must provide further details below, failure to do so will result in the application being rejected.


## MOTOR VEHICLE RECORD

Our insurance company requires us to run Motor Vehicle Reports on all potential applicants to ensure we are hiring safe responsible drivers. They require NO DWI, Careless/Wreckless Driving Violations or Suspensions in the past 5 years and no more than 2 moving violations in the past 3 years.

Applicant's Name (Please Print)	Date of Birth	Driver's License Number	License State
<b>I authorize Pro-Tec Inspection to check my Motor Vehicle Record, and release this information to their insurance company.</b>			
Signature of Applicant	Date		

I certify that the facts contained in this application ( and accompanying resume, if applicable ) are true, correct and complete to the best of my knowledge. I understand that any false statement or omission of fact is sufficient cause for refusal to hire, dismissal once employed, no matter when discovered. I understand that completing this application does not indicate that there is a position available and does not obligate Pro-Tec Inspection, Inc. to hire me. I understand that acceptance of an offer for employment in no way obligates this company to continue to employ me in the future. I understand that either party in an employment relationship may modify or terminate any of the terms and conditions of employment at any time for any reason, with or without prior notice.

Signature of Applicant	Date
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