

**EMPLOYMENT APPLICATION for PDQ COURIER, INC.** Applicant to complete all information requested (please print)

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*

DATE \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_

Previous address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ email address \_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes (proof required)  No

Are you over the age of 18?  Yes  No

**COMPANY EXPERIENCE**

Have you worked for PDQ Courier, Inc. before? \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**GENERAL**

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for  Full Time  Part Time  Temporary  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

**AVAILABILITY**

Please list the days and times you are available to work

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

EDUCATIONAL BACKGROUND

Type of School	Name and City	Graduate?	Course or Major
College _____			
Technical School _____			
High School _____			
Other _____			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Company Name \_\_\_\_\_ Dates worked from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Supervisor Reason for leaving \_\_\_\_\_

Base Gross Income	Starting wage	Ending wage	Bonus/Incentives Amnt.	Work hours
_____	_____	_____	_____	_____

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Company Name \_\_\_\_\_ Dates worked from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Supervisor Reason for leaving \_\_\_\_\_

Base Gross Income	Starting wage	Ending wage	Bonus/Incentives Amnt.	Work hours
_____	_____	_____	_____	_____

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Company Name \_\_\_\_\_ Dates worked from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Supervisor Reason for leaving \_\_\_\_\_

Base Gross Income	Starting wage	Ending wage	Bonus/Incentives Amnt.	Work hours
_____	_____	_____	_____	_____

## WORK REFERENCES

Name \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years known \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years known \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years known \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

## SPECIAL SKILLS THAT WOULD RELATE TO POSITION APPLYING FOR

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

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Hospital Affiliated with \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_