

# Employment Application



Please read carefully, write clearly, and answer all questions completely. Only candidates that fully complete all required sections of this application, except for those sections marked "voluntary," will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Company.

## APPLICANT DATA

Today's Date (Month/Day/Year):

/ /

Full Name (Last, First, M.I.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

(if less than five years, provide your former addresses for the past five years)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

## EMPLOYMENT DESIRED

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

Are you applying for:

Regular, full-time work?

Yes

No

Regular, part-time work?

Yes

No

Temporary work?

Yes

No

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

Would you be available to work overtime, if necessary? \_\_\_\_\_

(Total hours and schedule are at the discretion of the company)

If hired, on what date can you start? \_\_\_\_\_

Salary or hourly rate desired? \_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for INterAct PMTI, Inc. before? Yes  No

If yes, when?

Do you have any friends or relatives working for InterAct PMTI, Inc.? Yes  No

If yes, state name(s) and relationship:

If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA? Yes  No

If hired, would you have a reliable means of transportation to and from work? Yes  No

Are you at least 18 years old? Yes  No

If hired, can you present documentation establishing your legal right to employment in the United States? Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: Hire will be subject to passing a medical fitness for duty examination and pre-employment drug test.)

## EMPLOYMENT HISTORY (begin with most recent)

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach extra pages if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving".

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name Address

City State Zip

Phone Supervisor Title

Responsibilities:

Reason for leaving:

May we contact this employer?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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May we contact this employer?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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May we contact this employer?  Yes  No

**SKILLS**

List additional skills, including software, you have experience with. \_\_\_\_\_

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Please provide your career goals and expectations. \_\_\_\_\_

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**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of military service that may relate to the position for which you are applying? Yes  No

If so, describe: \_\_\_\_\_

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**EDUCATION, TRAINING AND EXPERIENCE**

Level	School Name and Address	Recognition of Completion
High School		Diploma or GED Received? Yes ___ No ___
Undergraduate Degree/Major		Graduated? Yes ___ No ___
Graduate Degree/Major		Graduated? Yes ___ No ___
Other Degree/Major		Graduated? Yes ___ No ___
Are you currently attending school?		Yes ___ No ___

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at InterAct PMTI, Inc.? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES: Do not include relatives.**

Full Name (Last, First, M.I.)

Address City State ZIP

Occupation Number of Years Acquainted Email

Full Name (Last, First, M.I.)

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Full Name (Last, First, M.I.)

Address City State ZIP

Occupation Number of Years Acquainted Email

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

I understand that persons employed at InterAct PMTI, Inc. have access to confidential information regarding various phases of the Company business. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

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I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. The Company will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

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In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Company in its policies and practices or as directed by management.

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I understand that each employee of Company is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

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I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment.

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I understand that if offered employment I may be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

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I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment.

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I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement.

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I certify that I have personally completed and/or reviewed all of the information about me contained in this application. I further certify under penalty of perjury that the information provided in this application is true and correct. I understand that if it is determined that the information contained in this application is false, I will not be eligible for employment with the Company or, if I have already been hired, my employment will be terminated for falsification of Company documents.

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Signature of Applicant

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Date