Employment Application

Welcome to **Primex World, Inc**. We would like to thank you for your interest in working with our company. We consider applicants for all positions without regards to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, the presence of a non-related medical condition or handicap, or any other legally protected status.

Applications must be completed in their entirety. Resumes may serve as additional information.

Date _____ Position (s) Desired _____

Referral Source: O Advertisement O Friend/Relative O Employment Agency O Others

Name _____
First **Last** **Middle**

Current Address _____
Number City State Zip Code

Home Phone _____ Mobile Phone _____ Email Address _____

Driver's License # _____ State issued _____ Valid until _____

Own Car O Yes O No Plate # _____ **Social Security No** _____ -_____ -_____

Date Available for Work _____

Have you filed an application here before? O Yes O No If Yes, Date _____

Have you ever been employed here before? O Yes O No If Yes, Date _____

Do you have any friends or relatives employed here? _____

Are you available to work: O Full Time O Part Time O Overtime

If not, what hours can you work? _____

Have you been convicted of a Felony within the last ten years? O Yes O No

Are you legally eligible for employment in the United States? O Yes O No
Proof of citizenship or immigration status will be required upon employment.

Veteran of the U.S. Military service? O Yes O No Branch _____

REFERENCES

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

1. _____

2. _____

3. _____

Education

	College / University	GPA	Graduate / Professional	GPA
School Name				
School, City & State				
Years Completed	1 2 3 4 5		1 2 3 4 5	
Degree / Diploma				
Course of Study				

Describe specialized training, skills and qualifications acquired from employment or other experiences.

_____

_____

_____

Membership in professional or civic organizations.
(You may include memberships which reveal sex, race, religion, or national origin.)

_____

_____

_____

QUALIFICATIONS / SKILLS

Please check off the areas that best describes your qualifications/skills in the given categories. List all pertinent information for that category.

Office Use

General Office Skills **O Excellent** **O Good** **O Average** **O Poor** _____

Typing Speed _____ Shorthand _____wpm 10 Key _____ Filing _____ _____

Computer Knowledge **O Excellent** **O Good** **O Average** **O Poor** _____

Please Name Software _____ _____

Accounting _____ Spreadsheet _____ Word Processing _____ _____

Scheduling **O Very Flexible** **O Flexible** **O Average** **O Restricted** _____

Can you travel if the job requires it? **O Yes** **O No**

Restrictions **_____** _____

Transportation O Own Car O Car Pool O Bus O None _____

Indicate knowledge/marketing experience with the following professional fields

	Excellent	Good	Fair	None
Accounting				
Management				
Entrepreneurship				

Indicate foreign languages you speak, read and write

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name _____

City & State _____Phone # ( ) _____

Type of Business _____

Email Address _____ **# of employees** _____

Job Title **Start** _____ **Final** _____

Immediate Supervisor **Name** _____ **Title** _____

Other managers or supervisors reported to or worked with

Name _____ **Title** _____ **Phone** _____

Name _____ **Title** _____ **Phone** _____

Dates Employed **From** _____ **To** _____ **Employment Length** _____

Salary **Start** _____ **Final** _____

Job Duties (Write see resume if the job duties info is on the resume. Add additional info if needed.)

_____

_____

Reason for Leaving _____

_____

☐ May we contact the employer listed above. Check for "YES".

Please list those you do NOT wish us to contact:

Employer Name (s): _____

Reason: _____

---------- OFFICE USE ONLY ----------

_____

Company Name _____

City & State _____Phone # ( ) _____

Type of Business _____

Email Address _____ **# of employees** _____

Job Title **Start** _____ **Final** _____

Immediate Supervisor **Name** _____ **Title** _____

Other managers or supervisors reported to or worked with

Name _____ **Title** _____ **Phone** _____

Name _____ **Title** _____ **Phone** _____

Dates Employed **From** _____ **To** _____ **Employment Length** _____

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Job Duties (Write see resume if the job duties info is on the resume. Add additional info if needed.)

_____

_____

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Company Name _____

City & State _____Phone # ( ) _____

Type of Business _____

Email Address _____ **# of employees** _____

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Immediate Supervisor **Name** _____ **Title** _____

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Name _____ **Title** _____ **Phone** _____

Name _____ **Title** _____ **Phone** _____

Dates Employed **From** _____ **To** _____ **Employment Length** _____

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Job Duties (Write see resume if the job duties info is on the resume. Add additional info if needed.)

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Reason for Leaving _____

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Job Duties (Write see resume if the job duties info is on the resume. Add additional info if needed.)

_____

_____

Reason for Leaving _____

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Employer Name (s): _____

Reason: _____

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_____

I certify that all answers given 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 applicants are being accepted at this time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document is executed by the employer and the employee in writing.

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

_____ _____

Signature Date

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_____

Position offered _____ Accepted O Yes O No O Pending

Start Salary _____ Start Date _____

Department _____ Supervisor _____

Performance Review Date _____ Salary Review Date _____

Benefits _____

_____

Other Comments: _____

Date of hire _____ Authorized by _____

O Start date confirmed Date _____ Name _____

O No-hire card Date _____ Name _____