



Pearce Services, LLC
 P.O. Box 1708, 90 Wellsona Road
 Paso Robles, CA 93447
 (805) 467-2528 www.psibox.com

Application for Employment
 An Equal Opportunity Employer

To be considered an applicant, you must complete this form including the background check form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:					DATE: _____
Name:					
		Last	First	Middle	Other Names Used
Address:					
		Street	City	State	Zip
Telephone:		()	()	()	
		Home	Cell	Message	
Email Address:					
Webpage Address(es):					
Position Applying For:					
Job Title:					
Are you applying for:		What shifts will you work?		May We Contact Current Employer?	
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Available Start Date: _____ Have you ever been employed by Pearce Services, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____					

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____	

Education/Training:					
School	Name	Location	Dates Attended From / To:	Diploma, Degree & Major	Graduated?
High School					
College					
Other (Business, Vocational, Military)					



Employment History: (Please list the Most Recent Jobs, ending with age 18, excluding Part-Time Positions held while obtaining higher education unless relevant to applying position. Use additional paper if needed.):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

May We Contact Employer? Yes No

Next Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

May We Contact Employer? Yes No

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

May We Contact Employer? Yes No



Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spreadsheet: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Software: Yes <input type="checkbox"/> No <input type="checkbox"/>	Database: Yes <input type="checkbox"/> No <input type="checkbox"/>
Microsoft Office: Yes <input type="checkbox"/> No <input type="checkbox"/>	PowerPoint: Yes <input type="checkbox"/> No <input type="checkbox"/>
Scanner: Yes <input type="checkbox"/> No <input type="checkbox"/>	Copier: Yes <input type="checkbox"/> No <input type="checkbox"/>
Digital Phone Systems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain Internet Skills, Including Email Usage:	
Professional Licenses or Certificates Held:	

Military

- Are you a veteran who has been looking for employment for more than six months? Yes No
- Have service-connected disabilities? Yes No
- Are you a veteran who has been looking for employment for less than six months? Yes No

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name: _____

Last	First	Middle
------	-------	--------

Address: _____

Street	City	State	Zip
--------	------	-------	-----

Telephone: _____

()	()	
Home	Other	

Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Personal Reference

Name: _____

Last	First	Middle
------	-------	--------

Address: _____

Street	City	State	Zip
--------	------	-------	-----

Telephone: _____

()	()	
Home	Other	

Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Personal Reference

Name: _____

Last	First	Middle
------	-------	--------

Address: _____

Street	City	State	Zip
--------	------	-------	-----

Telephone: _____

()	()	
Home	Other	

Connection To You (i.e. friend, co-worker): _____ Occupation: _____



Have you ever been charged with a crime (other than a minor traffic infraction)? Yes No

If yes, when & where: _____ Please Explain: _____

Are you related by blood or marriage to any person now employed by Employer? Yes No

If yes, give name and relationship to you: _____

CERTIFICATION

I certify that all answers and statements on this application 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 180 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 understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated. I further understand that a background check and motor vehicle driving record will be obtained if I am considered for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Pearce Services, LLC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the 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 the President of Pearce Services, Inc.

If hired, I understand and agree that my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract. I will abide by all rules and regulations of Pearce Services, LLC.

I hereby understand that Pearce Services, LLC maintains a Drug-Free Workplace policy and require all applicants accepting a job offer to satisfactorily pass a drug screen test prior to starting work. I understand that all employees are required to participate in random drug testing which may occur at any time during an individual's employment, as deemed necessary by employer.

If I begin to work for Pearce Services, LLC before the drug test and background check results have been received, I understand that my continued employment is pending a clear drug test and supervisor approved background check.

Signature of Applicant: _____ Date: _____



MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Pearce Services, LLC, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of _____, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by Pearce Services, Inc. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

DOB: _____



DISCLOSURE AND AUTHORIZATION 2.1

**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: <http://americanchecked.com/privacy-policy>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company.

By checking the following box, I request a copy of all such reports be sent to me. Check here:



DISCLOSURE AND AUTHORIZATION 2.1

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name _____

Signature _____

Date _____

For identification purposes:

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____