###### Application for Employment

Please print or type. Complete all questions and sign on page 4.

**“SEE RESUME” is not a sufficient response to any question.**

|  |  |
| --- | --- |
| Last Name First Middle                  | Date of Application      |
| Street Address      | Home Telephone      |
| City, State, Zip Code      | Work Telephone      |
| Position Desired      | Date Available       | Salary Desired      |  |
| Type of Employment Desired[ ]  Full Time [ ]  Part Time [ ]  Temporary | Are you legally eligible for employment in this country? [ ]  Yes [ ]  No**Proof of U.S. citizenship or immigration status will be required upon employment.** |
| EDUCATION |
| **Level** | **Name and Location of School** | **Diploma or Degree****(Credits Earned if No Degree)** | **Attendance Dates** | **Major** |
|  |  |  | **From**Mo/Yr | **To**Mo/Yr |  |
| High School |       |       |  |  |  |
| Business, Trade or Technical\* |       |       |  |  |       |
| College\* |       |       |       |       |       |
| Graduate School\* |       |       |       |       |       |
| Other\* |       |       |       |       |       |
| \*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:Degree:       Name At Time Earned:       |
| Scholastic Achievements:      |
| SKILLS AND QUALIFICATIONS |
| Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):      |
| EMPLOYMENT HISTORY |
| Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the “Comments” section below. Please use the “Employment History Continuation Sheet” if additional space is needed. |
| (1) Present/Most Recent Employer Telephone            | Dates Employed | Summarize the nature of the work performed and job responsibilities. |
|  | FromMo/Yr | ToMo/Yr |  |
| Address      |       |       |       |
| Job Title      |  |  |
| Immediate Supervisor and Title      |  |  |
| Type of Employment [ ]  Full Time [ ]  Part Time [ ]  Temporary [ ]  Other |  |  |
| Reason for leaving or why you are considering leaving?      |  |  |
| If currently employed, may we contact for reference? [ ]  Yes [ ]  No |
| (2) Next Previous Employer Telephone            | Dates Employed | Summarize the nature of the work performed and job responsibilities. |
|  | FromMo/Yr | ToMo/Yr |  |
| Address      |       |       |       |
| Job Title      |  |  |
| Immediate Supervisor and Title      |  |  |
| Type of Employment [ ]  Full Time [ ]  Part Time [ ]  Temporary [ ]  Other |  |  |
| Reason for leaving?      |  |  |

|  |
| --- |
| **EMPLOYMENT HISTORY CONT.** |
| (3) Next Previous Employer Telephone            | Dates Employed | Summarize the nature of the work performed and job responsibilities. |
|  | FromMo/Yr | ToMo/Yr |  |
| Address      |       |       |       |
| Job Title      |  |  |
| Immediate Supervisor and Title      |  |  |
| Type of Employment [ ]  Full Time [ ]  Part Time [ ]  Temporary [ ]  Other |  |  |
| Reason for leaving?      |  |  |
|  (4) Next Previous Employer Telephone            | Dates Employed | Summarize the nature of the work performed and job responsibilities. |
|  | FromMo/Yr | ToMo/Yr |  |
| Address      |       |       |       |
| Job Title      |  |  |
| Immediate Supervisor and Title      |  |  |
| Type of Employment [ ]  Full Time [ ]  Part Time [ ]  Temporary [ ]  Other |  |  |
| Reason for leaving?      |  |  |
| COMMENTS (including explanation of any gaps in employment):      |
| REFERENCES |
| List three business/work references that are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references that are not related to you. |
| **Name** | **Telephone** | **Years Known** | **In what capacity did this person observe you or your work?** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| OTHER INFORMATION |
| If you have ever been granted a security clearance by any government agency, indicate the level of clearance, when granted, and by whom?     Have you ever had a security clearance suspended, denied, or revoked? [ ]  Yes [ ]  No |
| Are you bound by any non-solicitation/non-compete agreement? [ ]  Yes [ ]  No |
| Have you ever interviewed for a job with Phamatech, Inc.? [ ]  Yes [ ]  No If yes, when?       Where?       |
| Have you ever been employed by Phamatech, Inc.? [ ]  Yes [ ]  No If yes, when?       Where?       |
| Are any relatives or friends currently employed at Phamatech, Inc.? [ ]  Yes [ ]  No Name of employee(s)       Business unit where employed       |
| What prompted your application to Phamatech, Inc.? Ad       Friend      (Please indicate name of ad/friend) Phamatech, Inc. Employee       Other       |

**Please review application carefully. We will not consider this application if not completed in full.**

**Please read the following and sign the application in the spaces provided below. If you have any questions, please speak with the Human Resources representative before signing.**

**I understand that employment by Phamatech, Inc. and any of its companies ("Phamatech, Inc.") is “at will.” This means that the employment relationship can be ended by me or by Phamatech, Inc. at any time for any reason with or without advanced notice and with or without cause. It also means that Phamatech, Inc. may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Phamatech, Inc. to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of Phamatech, Inc., except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.**

If employed by Phamatech, Inc., I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

**I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:**

Signature of Applicant       Date

####  AUTHORIZATION FOR EMPLOYMENT VERIFICATION

I,      , hereby authorize Phamatech, Inc. to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by Phamatech, Inc., I hereby authorize Phamatech, Inc. to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request Phamatech, Inc. to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release Phamatech, Inc., its employees, and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to Phamatech, Inc., from any liability arising from disclosure of such information that is obtained during said investigation.

Signature of Applicant Date

Phamatech, Inc. is required by federal law to maintain certain information pertaining to applicants for employment. Phamatech, Inc. provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information is **voluntary** and for record-keeping purposes only and **will not** affect any employment decisions.

Name:

Please mark the appropriate box:

[ ]  Male [ ]  Female [ ]  I choose not to disclose

More specific information is required for filing EEO-1 reports. Please check the appropriate Equal Opportunity Identification Group. You should only check one of the following ethnicity or race categories.

EEO Group Status:

[ ]  White (Non-Hispanic) [ ]  Black or African American (Non-Hispanic) [ ]  Asian

[ ]  Hispanic/Latino [ ]  American Indian or Alaskan Native [ ]  Other

[ ]  Native Hawaiian or Pacific Islander [ ]  I choose not to disclose

If you would like to identify as two or more races, please check Two or More Races below, in addition to your one selection above.

[ ]  Two or More Races Comments:

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodations. If you wish to be identified as qualifying for such placement or accommodations, please check where applicable:

[ ]  Vietnam Era Veteran [ ]  Disabled Veteran [ ]  Recently Separated Veteran

[ ]  Armed Forces Service Medal Veteran [ ]  Individual with a Disability

[ ]  Other Protected Veteran

To be completed by employer:

EEO-1 Category: \_\_\_ 1a. Executive/Senior Level Officials and Managers \_\_\_ 6. Craft Workers

 \_\_\_ 1b. First/Mid Senior Level Officials \_\_\_ 7. Operatives- semi-skilled

 \_\_\_ 2. Professionals \_\_\_ 8. Laborers and Helpers

 \_\_\_ 3. Technicians \_\_\_ 9. Service Workers

 \_\_\_ 4. Sales

 \_\_\_ 5. Administrative Support Workers

Employer Information completed by:

 Print Name Date