



Employment Application Form

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED		PLEASE COMPLETE PAGES 1-5		
PERSONAL INFORMATION		DATE		
Name				
Last	First	Middle		
Present address				
Number	Street	City		
State	Zip			
Home phone	Cell phone	Email address		
POSITION				
Position applied for:		How many hours can you work weekly?		
Desired Pay Range	to	Hourly Annually		
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
Can you work evenings/nights as needed?		Can you work weekends as needed?		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you legally eligible to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to begin work?		
Do you have responsibilities other than work that will interfere with job requirements?				
Do you have any upcoming events that would require extensive time from work?				
EDUCATION & TRAINING				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <small>(City and State)</small>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College or University				
Specialized Training, Trade School, etc.				
Other Education				
Did you earn a degree under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify name:				
Please list your areas of highest proficiency, special skills, certifications or other items that may contribute to your abilities in performing the position applied for (Attach additional sheets, if necessary):				
Are you a member of a professional or trade association that is relevant to our industry? Please describe:				

OTHER INFORMATION

Do you have a driver's license? Yes No Do you have the use of a reliable car? Yes No
 Do you have auto insurance? Yes No

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held going back 7-10 years. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer	Name of Last Supervisor	Employment dates	Pay or salary
Address City, State, Zip Code Phone number		From To	Start Final
Your last job title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving (be specific)			
List jobs you held, advancements or promotions while you worked for this employer.			

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Your last job title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving (be specific)			
List jobs you held, advancements or promotions while you worked for this employer.			
REFERENCES			
Please list three professional references.			
Name	Name		
Position	Position		
Company	Company		
Address	Address		
Telephone	Telephone		
Email	Email		
Name			
Position			
Company			
Address			
Telephone			
Email			

PLEASE READ CAREFULLY

REFERENCE CHECK CONSENT & AUTHORIZATION FORM

I have applied for employment with the Pacific Education Institute and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to the Pacific Education Institute, whether the information is positive or negative.

I authorize the Pacific Education Institute to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and the Pacific Education Institute from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Pacific Education Institute.

This form may be photocopied or faxed, and these copies will be as effective as a release or consent as the original which I sign.

Signature of Applicant _____ **Date:** _____

Print Name of Applicant _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Pacific Education Institute (“PEI”), I agree that:

Neither the acceptance of this application nor subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other firm practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of PEI, or otherwise to change in any respect the employment-at-will relationship between them and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of PEI. The undersigned or PEI may end the employment relationship at any time for any reasons, with or without cause. If employed, I understand that PEI may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.

I further understand that by submitting this application, I give PEI permission to verify that I meet legal age requirements and that I am legally eligible for employment in the United States.

Signature of Applicant _____ **Date:** _____

Print Name of Applicant _____

PEI is an equal employment opportunity employer. PEI will not discriminate or tolerate any discrimination against employees, applicants, or other persons having dealings with PEI because of age, gender, gender identity or expression, sexual orientation, marital status, religion, race, national origin, genetic information, physical or mental disability, Veterans status or any other basis prohibited by applicable federal, state or local law. We assure you that your opportunity for employment with PEI depends solely on your qualifications.

Thank you for completing this application form and for your interest in PEI.