

PUBLIC POLICY ASSOCIATES, INC.
EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER

Name: _____ Today's Date: _____

Address: _____ Phone No: _____
Street City State Zip

Cell No: _____ Email: _____ Position Applying For: _____

Employment Experience (Start with most recent)

Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Company Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Company Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Company Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:

May we contact your present employer for references? yes ___ no ___.

Are you legally eligible to be employed in this country? yes ___ no ___, (documentation will be required).

Will you now or in the future require sponsorship for employment visa status? yes ___ no ___.

Have you ever been terminated or separated involuntarily from any position? yes ___ no ___.

If yes, please describe _____

Have you been convicted of a crime in the last seven (7) years? yes ___ no ___.

If yes, please explain _____

(Such conviction may be relevant if job related, but does not necessarily bar you from employment.)

EDUCATION

Name and Location	Years Completed	Graduated?	Degree / Major
High School			
Technical or Vocational			
College or University			
College or University			
Other			

SKILLS/TRAINING/CERTIFICATION

List any skills or special training, seminars, or course work i.e. software, certification etc.

REFERENCES (Do not include relatives; prefer former supervisors, co-workers, associates)

Name	Relationship	Telephone	Years Known

- I attest that the information presented in this application is correct and accurate to the best of my knowledge. I understand that if the information is found to be a misrepresentation, it will be sufficient cause to cancel this application for consideration of employment or for termination of employment.
- I give Public Policy Associates, Inc. the authority to investigate all the information presented in this application and the authority to obtain additional job related information. I agree to release from all liability all individuals or organizations Public Policy Associates, Inc. may contact to obtain this information.
- I understand that due to the nature of some of jobs at Public Policy Associates, an investigative consumer report **may** be made whereby information is obtained through interviews with various third parties. These inquiries may include information as to criminal, credit, character, and general reputation, whichever may be applicable. I understand I have the right to make a written request to Public Policy Associates, within a reasonable period of time for additional information concerning the nature and scope of any investigation conducted in compliance with the provisions of the Fair Credit Reporting Act.
- I understand that this application will remain active for consideration for twelve (12) months. If at the conclusion of this period, I want Public Policy Associates, Inc. to continue to consider me for employment, I understand I must reapply.
- I understand that Public Policy Associates, Inc. is an employer at-will and that I have the right to terminate my employment with Public Policy Associates, Inc., likewise, Public Policy Associates, Inc. reserves the right to terminate my employment at any time. I understand that no one in the company, except both officers of the company and only when in writing, signed, and dated, can enter into an employment contract, either written or verbal.
- I understand that as a condition of employment I agree to comply with Public Policy Associates, Inc.'s employee policies and work rules.
- I understand that as a condition of employment I agree not to commence any action or suit relating to my employment relationship with Public Policy Associates, Inc. more than six (6) months (180 calendar days) after the date of the event or the date of termination of employment, whichever is sooner. I also agree to waive any statute of limitation to the contrary.
- I understand that my employment will not be considered unless this application is completed in its entirety.

Signature of Applicant _____ Date _____