

# PHB Application for Employment

(Please Print Clearly)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Over Age 18? Yes or No

(The Age Discrimination in Employment Act Amendments of 1978 prohibits discrimination on the basis of age with respect to individuals who are at least age 40.)

Position Desired \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Wage Desired \_\_\_\_\_

Have you previously been interviewed or hired for a position within PHB? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Why do you desire PHB employment? \_\_\_\_\_

## PREVIOUS EMPLOYMENT RECORD – Give last employer first. (Attach a separate sheet for additional employment history.)

Name & Address of Employer	Position & Supervisor	Pay Rate	Dates Employed	Reason for Leaving
_____ Ph: _____ Addr: _____	Job _____ Supv _____	_____	From _____ To _____	_____
_____ Ph: _____ Addr: _____	Job _____ Supv _____	_____	From _____ To _____	_____
_____ Ph: _____ Addr: _____	Job _____ Supv _____	_____	From _____ To _____	_____

Which employer(s) may we contact for a reference? \_\_\_\_\_

## EDUCATIONAL RECORD

Name of School	Years Attending	Graduate?	Major
_____	From _____ To _____	_____	_____
_____	From _____ To _____	_____	_____
_____	From _____ To _____	_____	_____

## MILITARY RECORD

Service/Branch	Service Yrs	Rank at Discharge	Military Occupation
_____	From _____ To _____	_____	_____
_____	From _____ To _____	_____	_____

Please check the machinery/equipment you have operated:

Additional Skills and Experience:

<input type="checkbox"/> Die Cast Machine	<input type="checkbox"/> CNC Machine	<input type="checkbox"/> Blue Print Reading	<input type="checkbox"/> Machine Setup/Adjustment
<input type="checkbox"/> Molding Machine	<input type="checkbox"/> Drill Press	<input type="checkbox"/> Algebra	<input type="checkbox"/> Geometry
<input type="checkbox"/> Milling Machine	<input type="checkbox"/> Punch Press	<input type="checkbox"/> Trigonometry	<input type="checkbox"/> Electrical
<input type="checkbox"/> Grinder	<input type="checkbox"/> Lathes	<input type="checkbox"/> Pipefitting	<input type="checkbox"/> Welding
<input type="checkbox"/> Machine Repair	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Hydraulics	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Computers	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Drafting/CAD	<input type="checkbox"/> Accounting
<input type="checkbox"/> Fork Lift		<input type="checkbox"/> Excel, Word	<input type="checkbox"/> SPC
		<input type="checkbox"/> CDL License	<input type="checkbox"/> Others: _____

Have you inspected parts? \_\_\_\_\_ If yes, visual or gaging? \_\_\_\_\_ List the types of gages you have used:

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### ADDITIONAL QUESTIONS

1. Can you prove your right to work in the U.S. (birth certificate or drivers license)? \_\_\_\_\_
2. Have you ever been convicted of a felony? \_\_\_\_\_ If yes, give the particulars \_\_\_\_\_  
\_\_\_\_\_
3. List anyone currently employed by PHB who could serve as a reference regarding your work skills and abilities  
\_\_\_\_\_
4. Have you ever been disciplined or fired? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
5. Are you available to work any shift, any day of the week? \_\_\_\_\_ If no, explain \_\_\_\_\_  
\_\_\_\_\_
6. Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A false, incomplete, or dishonest answer to any question on this application will be grounds for rating an applicant ineligible for employment with any PHB Division, or for dismissal after employment. All statements on this application are subject to investigation and all information will be considered in determining an applicant's eligibility for employment with PHB.

I state that the information contained herein is full, true, and correct to the best of my knowledge. I hereby authorize all PHB Divisions to inquire of any and all persons I have named herein and any and all previous employers, educational institutions and other persons with respect to my character and ability and agree to hold such persons and/or companies harmless with respect to any information they give. I hereby give my consent for the physical examination and drug screening required as a condition of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_