



# PWC, Inc. Job Application

## Employment Application

Today's Date: \_\_\_\_\_

Full Name:

SSN: \_\_\_\_\_

*Last*

*First*

*M.I.*

Current

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Previous

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

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

Email: \_\_\_\_\_

### Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### Availability

Position Applying for: \_\_\_\_\_

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

What category would you prefer?

Full-Time

Part-Time

Temporary

Labor Pool

For which schedule are you available?

Weekdays

Weekends

Evenings

Nights

Overtime

Shift

Other: \_\_\_\_\_

## Job Related Skills

NOTE: Do not fill out any part of this section you believe is not work related

If the job requires it do you have the appropriate valid drivers license?:      Yes      No

Name on License: \_\_\_\_\_ DL Number: \_\_\_\_\_ DL Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you had any moving violations?:      Yes      No

Describe violations: \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: \_\_\_\_\_

Have you been given a job description or had the requirements of the job explained to you?:      Yes      No

Do you understand the requirements?:      Yes      No

Can you perform the requirements of this job with or without reasonable accommodations:      Yes      No

List languages in which you are fluent: \_\_\_\_\_

## Security

List state and counties of residence for the past seven years:

Have you used any names or Social Security Numbers other than given above?:      Yes      No

If so, please list: \_\_\_\_\_

Have you been convicted of, or served time for a felony in the past seven years?:      Yes      No

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

Incident 1: \_\_\_\_\_ City, State: \_\_\_\_\_

Charge: \_\_\_\_\_

Incident 2: \_\_\_\_\_ City, State: \_\_\_\_\_

Charge: \_\_\_\_\_

## Comments

List any comments or additional information

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES NO Degree: \_\_\_\_\_

## References

Include only individuals familiar with your work ability. Do not include relatives.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

## Comments:

List any comments or additional information

**Most Recent Employer:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you currently working for this employer? YES NO

May we contact your previous supervisor for a reference? YES NO

**Second Most Recent Employer:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Third Most Recent Employer:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

## SER Corporation Referral and Release of Information

Place a check in the following agricultural industries in which you or your spouse have worked within the past two years.

Cash Grains:	Wheat	Corn	Soybean	Sunflower					
	Other _____								
Field Crops:	Cotton	Potato	Alfalfa	Hay					
	Other _____								
Vegetables:	Tomato	Bean	Broccoli	Watermelon	Cucumber	Pea	Lettuce	Market Gardens	
	Other _____								
Fruits and Nuts:	Grape	Pecan	Berry Farms	Walnut	Citrus	Apple	Pear	Peach	
	Other _____								
Nurseries:	Bulb	Flower	Green House	Bedding Plants					
	Other _____								
Livestock:	Dairy	Feedlot	Hog	Cattle	Sheep & Goats	Turkey	Chicken	Eggs	
	Poultry Hatcheries		Other _____						
Crop Services:	Plowing	Fertilizer	Application	Aerial Spraying	Thinning of Crops	De-tasseling			
	Hoeing	Irrigation	Weed Control	Other	_____				
Crop Harvesting	Hay Mowing	Custom Harvesting	Other	_____					
Crop Preparation	Pellet Mill	Grain Cleaning	Grain Grinding	Grain Fumigation	Grain Elevator				
	Other _____								

SER Corporation is a not-for-profit organization that assist seasonal farm workers find full time employment through education and job training. If you qualify for our services, SER may be able to assist you in finding full time employment.

If you checked any of the lines above please fill out the release below. Thank you.

If it has been over two years and you would like for SER to contact you to check other options through which you may still qualify. Please write down the last date that you worked in agriculture and sign the release below and someone from SER will get in contact with you.

## Release Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/St.: \_\_\_\_\_ SSN: \_\_\_\_\_  
Phone.: \_\_\_\_\_

I authorize PWC, Inc. to release the information on this paper to SER – Rural Initiatives of Kansas and for SER to contact me for the purpose of training and employment assistance.

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

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

## Certification of Release

By submitting this application, I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, person, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Send application to [contact@pwcinc.net](mailto:contact@pwcinc.net) Or drop off at 1102 E. 8<sup>th</sup> St. Hays, Kansas