



# Professional Placement Services

[www.ppswork.com](http://www.ppswork.com)

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## APPLICATION FOR EMPLOYMENT

Please complete the application in its entirety *even if a resume is being submitted*. A complete application allows this agency to locate the most suitable position, maximizing the use of your skills. Date: \_\_\_\_\_

First Name:		Last Name:		Middle Initial:	
Cell Phone	Alt. Phone	Emergency Contact Name:	Relationship:	Phone:	
Address				Apt #	How Long?
City		State	Zip	E-mail Address	
Residence History: What cities/states have you resided in within the last 10 years?			Previous Name History: What names (married, maiden, alias, etc.) have you used in the past 10 years?		
City, State	Approx. dates	Name	Approx. dates		
Referred By <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other Please Specify: _____					
PPS would like to know your long-term and short-term goals to better serve you and your employment needs. What is your short-term goal? _____					
What is your long-term goal? _____					

## BACKGROUND INFORMATION

If offered employment, can you submit verification of legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime, found guilty, or entered a plea of no contest to any felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide details (dates, charges, etc.) below. Your answer to this question will be checked against local, state and federal records. An affirmative answer will not necessarily disqualify you from consideration; however, failure to answer this question accurately could cause denial of employment:
If yes, please complete the following: Where? City _____ County _____ State _____ When? (Approx. Year) _____ What was the nature of the offense? you have been convicted of more than one offense, please provide the above information on each offense using the reverse side of this page.
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes
If no, please explain: _____
In any State that you have held, or currently hold a driver's license, has your license ever been: Suspended <input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____ Revoked <input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____

## EDUCATION

School	Name	City, State	Graduated		Academic Degree	Major	Year
			Yes	No			
High School			<input type="checkbox"/>	<input type="checkbox"/>			
GED			<input type="checkbox"/>	<input type="checkbox"/>			
Junior/Community College(s)			<input type="checkbox"/>	<input type="checkbox"/>			
College(s) and/or University(s)			<input type="checkbox"/>	<input type="checkbox"/>			
Graduate and/or Professional			<input type="checkbox"/>	<input type="checkbox"/>			
Other Ed. Voc. Tech School(s)			<input type="checkbox"/>	<input type="checkbox"/>			
Other degrees, professional or occupational licensures, certifications, military training or special areas of study, skills, or abilities:							
Do you write or speak any foreign language(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please indicate language(s) and proficiency:							

## POSITION INFORMATION AND QUALIFICATIONS

Desired <input type="checkbox"/> salary or <input type="checkbox"/> hourly range: \$ _____ to \$ _____		Date you can start in a new position:
Position(s) desired:		When are you available to interview?
1.		
2.		
3.		

### TRANSPORTATION: Do you have a Car - or - do you use Public Transportation?

Will you relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Available Work Schedule (Check all that apply):</b> <input type="checkbox"/> 1 <sup>st</sup> Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Over Time	
Will you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weekly Schedule Availability/Hours:		
Mon/Hrs: _____ to _____ Fri/Hrs: _____ to _____	Industry Experience	# of Years
Tues/Hrs: _____ to _____ Sat/Hrs: _____ to _____	1.	1.
Wed/Hrs: _____ to _____ Sun/Hrs: _____ to _____	2.	2.
Thu/Hrs: _____ to _____	3.	3.

Business References: Name	City/State	Phone Number	Business	Yr.

## EMPLOYMENT HISTORY

Please list all your past employers, using additional sheets as needed. State your most recent employer first and account for any periods of unemployment, providing length of unemployment and reason(s) why.

Company Name			Telephone	
Address		City	ST	Zip
Supervisor's Name/Title		Supervisor's Work Telephone		
<b><u>Dates (month/year)</u></b>		<b><u>Salary</u></b>		
From	/	To	/	Start \$                      End \$
Job Title		Business Industry		
Major responsibilities/accomplishments:				
Aspect of position you liked most.			Aspect of position you liked least.	
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name			Telephone	
Address		City	ST	Zip
Supervisor's Name/Title		Supervisor's Work Telephone		
<b><u>Dates (month/year)</u></b>		<b><u>Salary</u></b>		
From	/	To	/	Start \$                      End \$
Job Title		Business Industry		
Major responsibilities/accomplishments:				
Aspect of position you liked most.			Aspect of position you liked least.	
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name			Telephone	
Address		City	ST	Zip
Supervisor's Name/Title		Supervisor's Work Telephone		
<b><u>Dates (month/year)</u></b>		<b><u>Salary</u></b>		
From	/	To	/	Start \$                      End \$
Job Title		Business Industry		
Major responsibilities/accomplishments:				
Aspect of position you liked most.			Aspect of position you liked least.	
Reason for leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EEO Statement**

Professional Placement Services (hereinafter referred to as PPS) is an equal opportunities employer. PPS seeks and employees qualified persons in all job classifications and positions without discrimination on the basis of race, sex, color, religion, national origin, age, handicap, disability, material, or veteran status. Law specifically prohibits such discriminatory practices. This policy governs all areas of employment at PPS, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and termination. If you believe your equal employment rights have been violated, you may contact the Equal Employment Opportunity Commission, the Federal Communications Commission or the appropriate state or local EEO agency.

**AGREED UPON CONDITIONS OF EMPLOYMENT**

- ❖ I understand that the State of Ohio is an “at will” state, meaning that either my employer or I may terminate the employment relationship at any time, with or without notice, for any lawful reason.
- ❖ I acknowledge that any false, incomplete, or misleading information I provide on this application form, in a résumé, or in a pre-employment interview will be grounds to deny my application or, if discovered later, for immediate dismissal from employment.

**CONTRACT-TO HIRE PERSONNEL ACKNOWLEDGEMENT**

- ❖ I hereby acknowledge that I am applying for employment through PPS. In the course of my work I may learn certain confidential information about the company to which I am assigned including information about customers, marketing plans, technical matters and/or employment practices. During, and after my assignment, I agree not to disclose any of this information to any person outside the company for profit or otherwise. If I violate this agreement, the company will have the right to pursue any action against me for damages and injunctive relief, and I will be responsible for paying all of the court costs and/or attorney’s fees incurred.
- ❖ In addition, I acknowledge that PPS is my employer and is solely responsible for paying me for my services and providing any other benefits associated with my employment. I further understand that I cannot work directly with a company for employment that I have gained knowledge of or interviewed with through PPS within a period of 12 months.

**EMPLOYEE ACKNOWLEDGEMENT**

- ❖ I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application, and if discovered after employment has been offered will result in my dismissal.
- ❖ I hereby authorize PPS or their assigned designee, to investigate all statements contained herein, to interview the references and previous employers listed in this application, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance to the Fair Credit Reporting Act.
- ❖ I authorize all of the references and previous employers listed to give PPS all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to PPS including, but not limited to, any liability for defamation of character or invasion of privacy.
- ❖ If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including, but not limited to, a drug test. If employed, I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time. I understand that no supervisor or other representative of PPS other than the President of PPS has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
- ❖ I understand that while employed with PPS that I must report any new incidents, arrests and/or convictions within ten (10) days of the incident/event. This reporting should be done to the Human Resources Office or any member of PPS Management and will be held in strict confidence. I understand that I am also required to submit a copy of the deposition of the case/incident within ten (10) days of determination. Failure to comply with this policy will result in disciplinary actions up to and including termination.
- ❖ I further understand, and voluntarily agree as condition of employment or my continued employment, that I may be requested by PPS to submit to a urinalysis or other drug screen test. My failure/refusal to take such test(s) or unsatisfactory results of said test(s) will disqualify me from consideration for employment, or if I am currently employed at the time of the request, the result will be immediate dismissal.
- ❖ I hereby authorize PPS to disclose any pre-employment screening taken in order to help secure suitable employment. **I certify that I have read, understand and agree with the above.**

Interviewed By	Date
Comments	

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



### Authorization to Release Information for Employment

I, \_\_\_\_\_, have applied for employment  
*(print full name)*

with Professional Placement Services on this day of \_\_\_\_\_, 20\_\_\_\_.  
*(Month/Day) (year)*

I authorize the release of any and all information to **PPS and/or PPS's hiring companies** (agent acting on behalf of the above company/person) relating to the following:

- Drug Screening**
- Previous Employment**
- Educational Records**
- Professional Licenses**
- Court Records**
- Driving Records**
- Workers' Compensation**
- Military Records**
- Employment Credit**
- Civil/Criminal Records**
- Social Security Registration**
- Medical**
- References**

I release and hold harmless any and all persons; institutions; corporations, companies; LLC's; governmental agencies; **PPS**, its officers, executives and employees, individually and their corporate capacities; and the company stated above from any and all liability that may arise from researching my background.

**PLEASE WRITE LEGIBLY AND COMPLETE ALL PARTS OF THE FORM**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_  
*(Please print)*

Signature: \_\_\_\_\_  
*(Please sign)*

Witnessed By: \_\_\_\_\_  
*(Company representative)*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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