



6437 W. Chandler Blvd., Suite 1
Chandler, AZ 85226
Phone: (480) 829-6000
Fax: (480) 829-6016

Application for Employment

Premier Engineering Corporation is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company. Premier Engineering Corporation provides a smoke free environment and complies with all State and Federal laws regarding smoking.

Personal

Name (Last, First, M.I.) _____ Date _____ Social Security No. _____

Street Address _____ Home Telephone No. _____

City _____ State _____ Zip Code _____ Business Telephone (Where you can be reached) _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes No
(All new employees are required to submit proof of employment eligibility)

Have you been convicted of any crime within the past seven years? Yes No
(Conviction of crime may not disqualify you from employment. However, persons convicted of certain crimes may not hold some jobs.)

If YES, state the offense, location, date, and deposition

Employment Desired

Are you seeking Full-time Part-time Temporary or summer employment

Position applied for _____ Salary Desired \$ _____
Annual

Date available to start Immediately or Start Date _____

Have you ever applied to Premier Engineering Corporation before? Yes No

Have you ever worked for Premier Engineering Corporation before? Yes No

If your answer to either of the above questions is YES, state when and where you applied and/or worked

What prompted your application?

Ad Knowledge of Company Employee _____ Other _____
Name of Employee

Education

School	Name & Location	Major Course of Study	Date Attended	Graduated	Degree
High School			From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			To:		
College or University			From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			To:		
Graduate			From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			To:		
Other			From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			To:		

If you did not graduate from high school, why did you leave? _____

Are you planning to pursue further studies? Yes No

If YES, when, where and what courses? _____

List any scholastic honors, offices held, and activities involved in during high school and/or college

List and describe any other school or specialized training

Special Skills

Do you type? Yes No Words per minute: _____

Do you have any computer training, skills or experience? Yes No

If YES, please describe _____

What languages other than English do you speak fluently (if any)? _____

Experience Record

If you worked in any of your previous positions under another name, please give that name _____

Are you presently employed? Yes No If YES, may we contact your present employer? Yes No

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. For Dates Employed please give month and year.

Present or Last Employer

Type of Business

Address

Telephone No.

Name and Title of Supervisor

Position Held

From: _____ To: _____
Dates Employed

\$ _____ \$ _____
Starting Salary Final Salary

Duties and Responsibilities _____

Reason for Leaving _____

Present or Last Employer

Type of Business

Address

Telephone No.

Name and Title of Supervisor

Position Held

From: _____ To: _____

\$ _____ \$ _____

Dates Employed

Starting Salary Final Salary

Duties and Responsibilities _____

Reason for Leaving _____

Present or Last Employer

Type of Business

Address

Telephone No.

Name and Title of Supervisor

Position Held

From: _____ To: _____

\$ _____ \$ _____

Dates Employed

Starting Salary Final Salary

Duties and Responsibilities _____

Reason for Leaving _____

If you require space for additional employers, please use separate sheets and attach them to your application.

List all Professional Societies in which you are a member that are relevant to position desired

List all relevant Professional Registrations

Discipline	State	Year 1 st Registered	Registration No.
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Discipline	State	Year 1 st Registered	Registration No.
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Discipline	State	Year 1 st Registered	Registration No.
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Professional or Business References (**Minimum of 3**)

Name	Address/Telephone No.	Occupation
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_____	_____	_____
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