



**718 FM 1626 West  
 Building 100  
 Austin, Texas 78748  
 Tel: 512.358.8887 / Fax: 512.358.8890**  
*An Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

Name (Printed)	Date:
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Professional Contract Services, Inc. (PCSI) is an equal employment opportunity employer. Applications will be considered for employment without regard to race, color, creed, national origin, religion, age, sex, disability or veteran status.

This application will not be considered unless all questions are fully and accurately answered. This application will not be considered unless it is signed by the applicant. The use of this form does not indicate that there are any positions presently open and does not, in any way, obligate this Company. This application for employment is not a contract of employment and in no way constitutes a commitment by the Company to hire any applicant for employment.

(Important! Read Thoroughly Before Completing)

I authorize the Company to fully investigate all information furnished in this application, and also authorize and release each former employer given in this application as an employer to give any information that may be sought in connection with this application, or concerning my work habits or character. I authorize the Company upon my termination to deduct any outstanding debts to the Company from my paycheck, up to the amount of the statutory minimum wage.

I declare all statements contained in this application to be true and correct. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice and without any requirement of cause. I understand that false or misleading information or omissions given in my application, exhibits, resumes or interview(s) will result in rejection of this application or discharge whenever discovered. I understand that I stipulate that I will not challenge my discharge if I provide any misleading information or omissions on my application. I understand also that, if hired, I am required to abide by all the rules and regulations of the company. I further understand and agree that no employee or official of the company has any authority to alter the terms of my at-will employment through oral statements or promises. In order to be binding on the company, any agreement or promise that alters this policy must be in writing and signed by the president of the company.

**"I understand as a condition of employment that I may be required to work any shift on any day of the week at the sole discretion of the company"**

Signature: \_\_\_\_\_  
 (Applicant Must Sign)

After you have read this entire page and understand it and would like to apply for a job with Professional Contract Services, Inc. (PCSI), please fill out all pages of this application.

**PERSONAL**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_ SSAN #: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you over 16 years old? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

**AVAILABILITY**

Applying For: \_\_\_\_\_ (Full Time) \_\_\_\_\_ (Part Time)

On What Date Would You Be Available for Work?

**CITIZENSHIP**

Do you have the legal right to accept work in the United States? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

**DRIVING RECORD/OFFENSES**

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Number of Moving Violations During the Past 3 Years?

Number of Accidents During the Past 3 Years?

*Notice: Must have a valid Driver's License and a Driving Record Verification is Required*

Have you ever been convicted of, pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? \* (yes)\_\_\_\_\_ (no)\_\_\_\_\_

\* If yes, describe in full, including dates, criminal offenses, location (city and state) and disposition:

Are you currently serving probation, deferred adjudication or any form of diversion for any criminal offense? \* (yes)\_\_\_\_\_ (no)\_\_\_\_\_

\*If yes, describe in full, including criminal offense(s), current status, expected date of completion and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication or other form of diversion.

*Notification: Your criminal records will be checked.*

Will you sign a release form for a Authorization for Criminal Record Investigation? (yes)\_\_\_\_\_ (no)\_\_\_\_\_

*Note: Conviction is not necessarily a bar to employment.*

## EDUCATION

(Circle the Highest Grade Completed)

Grade School:    1       2       3       4       5       6       7       8

High School:    9       10      11      12

College:        1       2       3       4

Degree: \_\_\_\_\_

Location: \_\_\_\_\_

Other Schools (i.e. Technical Schools)

School: \_\_\_\_\_ Field of Study: \_\_\_\_\_

School: \_\_\_\_\_ Field of Study: \_\_\_\_\_

School: \_\_\_\_\_ Field of Study: \_\_\_\_\_

School: \_\_\_\_\_ Field of Study: \_\_\_\_\_

License(s) maintained for your trade:

## EXPERIENCE

(Indicate Below Specific and/or Special Experience You Possess)

\_\_\_\_ Hospital Housekeeping (Custodial)      Years Experience: \_\_\_\_\_ Specializing In: \_\_\_\_\_

\_\_\_\_ Food Service      Years Experience: \_\_\_\_\_ Specializing In: \_\_\_\_\_

\_\_\_\_ Janitorial      Years Experience: \_\_\_\_\_ Specializing In: \_\_\_\_\_

\_\_\_\_ Mechanical      Years Experience: \_\_\_\_\_ Specializing In: \_\_\_\_\_

\_\_\_\_ Other      Years Experience: \_\_\_\_\_ Specializing In: \_\_\_\_\_

## CURRENT EXPERIENCE

Present Employer: (Name)

(Address)

(City)

(State)

(Zip Code)

(Area Code)

(Phone #)

Position:

Salary: \$

Hourly Rate: \$

Work Dates: (From)

(To)

Reason for Wanting to Leave:

## PREVIOUS EXPERIENCE

(List Additional Employment Experience - Most Recent First)

2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Duties: \_\_\_\_\_  
Work Dates:(From) \_\_\_\_\_ (To) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Beginning Salary/Hr. Wage (\$): \_\_\_\_\_ Ending Salary/Hr. Wage (\$): \_\_\_\_\_
3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Duties: \_\_\_\_\_  
Work Dates:(From) \_\_\_\_\_ (To) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Beginning Salary/Hr. Wage (\$): \_\_\_\_\_ Ending Salary/Hr. Wage (\$): \_\_\_\_\_
4. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Duties: \_\_\_\_\_  
Work Dates:(From) \_\_\_\_\_ (To) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Beginning Salary/Hr. Wage (\$): \_\_\_\_\_ Ending Salary/Hr. Wage (\$): \_\_\_\_\_
5. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Duties: \_\_\_\_\_  
Work Dates:(From) \_\_\_\_\_ (To) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Beginning Salary/Hr. Wage (\$): \_\_\_\_\_ Ending Salary/Hr. Wage (\$): \_\_\_\_\_