

POSITION DESIRED:

**Application for Employment  
PSC TECHNOLOGY, INC.**

Personnel Department  
498 S. Independence Blvd.  
Virginia Beach, VA 23452  
*An Equal Opportunity Employer  
Minority/Female/Persons with Disabilities*



**INSTRUCTIONS: Please furnish complete and accurate information. Application will be verified. You may attach a detailed resume.**

**PERSONAL INFORMATION**

Last Name (Print)	First Name	Initial	Social Security Number	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your immigration status?	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address or Permanent Address if different:			Street & Number	City	State & Zip	Phone number(s) where you can be contacted: Home Work E-Mail
Have you ever worked for the PSCT.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dept.	Separation Date	Do you have relatives working for PSCT? Name Relationship <input type="checkbox"/> Yes, please list <input type="checkbox"/> No Department		
Have you ever been convicted of a crime, including DWI/DUI and reckless driving, but excluding minor traffic infractions?				<input type="checkbox"/> Yes, give charge, date, place and disposition Charge Information: <input type="checkbox"/> No		

**Education, Qualifications, Special Interests**

Highest grade completed:	H.S. Graduate or G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver ' s License <input type="checkbox"/> Yes, List State <input type="checkbox"/> No	Valid Commercial Driver ' s License? <input type="checkbox"/> Yes, List class & Endorsements <input type="checkbox"/> No
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College or other training after high school, including military schools, trade schools, etc.

Name & location of college or school	Hours completed Semester/Quarter	Major/Specialty	Dates Attended From Mo/Yr To Mo/Yr	Type of Diploma, Degree, License or certificate earned or expected	Date degree received or expected

List other training, qualifications and special interests: (licenses, skills with machines, publications, memberships in professional or scientific societies)

Would you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift Work	Date you can begin	Expected salary or rate
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Additional Instructions: List employment starting with your most recent employer. Account for all periods including military service and periods of unemployment and self-employment. If necessary, attach additional sheet or complete resume.

**EMPLOYMENT INFORMATION**

From Mo/Yr	To Mo/Yr	Firm Name	City	State	Base Earnings \$ Per
Job Title:		Name & Title of Immediate Supervisor:		Reason for Leaving:	
Work Performed:					

From Mo/Yr	To Mo/Yr	Firm Name	City	State	Base Earnings \$ Per
Job Title:		Name & Title of Immediate Supervisor:		Reason for Leaving:	
Work Performed:					

From Mo/Yr	To Mo/Yr	Firm Name	City	State	Base Earnings \$ Per
Job Title:		Name & Title of Immediate Supervisor:		Reason for Leaving:	
Work Performed:					

From Mo/Yr	To Mo/Yr	Firm Name	City	State	Base Earnings \$ Per
Job Title:		Name & Title of Immediate Supervisor:		Reason for Leaving:	
Work Performed:					

I certify that the information given in response to the foregoing questions is true and correct and that I have not knowingly withheld or misrepresented any material fact herein or in my resume. Any false information given herein shall result in the immediate rejection of this application or shall be grounds for immediate dismissal if discovered after being hired. I understand PSCT will thoroughly investigate any information given to them during the application and selection process. I authorize any former employer(s), law enforcement agency, educational institution or any person or organization to provide information about me and release all concerned from all liability in connection therewith.

I understand that my employment is conditioned upon being physically able to perform the essential functions of the job applied for, with or without reasonable accommodation, and to that end, I agree to submit to a post offer medical examination and such further medical examinations as may be required. Failure to pass such examinations may result in the revocation of my employment offer. I understand that all employee benefits are subject change.

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Applicant ' s Signature

\_\_\_\_\_  
Date