



# APPLICATION FOR EMPLOYMENT

PACTEL SOLUTIONS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. EMPLOYMENT DECISIONS ARE BASED ON MERIT AND BUSINESS NEEDS. THE COMPANY STRIVES TO PROVIDE A WORK ENVIRONMENT FREE FROM DISCRIMINATION AND HARASSMENT. THE COMPANY DOES NOT DISCRIMINATE AGAINST EMPLOYEES OR APPLICANTS BASED ON RACE, COLOR, CREED, CITIZENSHIP, STATUS, NATIONAL ORIGIN, ANCESTRY, GENDER, GENETIC INFORMATION, SEXUAL ORIENTATION, GENDER EXPRESSION OR IDENTITY, AGE, RELIGION, PREGNANCY OR PREGNANCY-RELATED CONDITION, PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, VETERAN STATUS, POLITICAL AFFILIATION, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW. THIS POLICY APPLIES TO ALL ASPECTS OF THE EMPLOYMENT RELATIONSHIP, INCLUDING RECRUITMENT, HIRING, TRAINING, PROMOTION, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT. ALL EMPLOYMENT DECISIONS SHALL BE CONSISTENT WITH THESE PRINCIPLES OF EQUAL EMPLOYMENT OPPORTUNITY.

APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMMODATION UNDER THE TERMS OF THE AMERICANS WITH DISABILITIES ACT AND CERTAIN STATE OR LOCAL LAWS. A REASONABLE ACCOMMODATION IS A CHANGE IN THE WAY THINGS ARE NORMALLY DONE WHICH WILL ENSURE AN EQUAL EMPLOYMENT OPPORTUNITY WITHOUT IMPOSING UNDUE HARDSHIP ON PACTEL SOLUTIONS. PLEASE CONTACT PACTEL SOLUTIONS IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION OR TO OTHERWISE PARTICIPATE IN THE APPLICATION PROCESS.

PLEASE READ AND ANSWER ALL QUESTIONS CAREFULLY. YOUR FAILURE TO RESPOND TO ALL QUESTIONS MAY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. ALL INFORMATION MUST REFLECT A COMPLETE AND ACCURATE RECORD OF YOUR EDUCATION AND EMPLOYMENT HISTORY.

## PERSONAL INFORMATION

Last Name	First Name	MI
Home Phone (w/ area code)	Cell Phone (w/ area code)	Work Phone (w/ area code)
Email Address (personal)	Email Address (work)	
Position Applying for & Job #	List any other names you'd be known by for employment records or education	

Are you legally authorized to work in the United States?  
Are you at least 18 years of age?  
Will you now or in the future require sponsorship for an immigration-related employment benefit?

## JOB INTERESTS

Date Available
Will you relocate, if necessary?                      Pay Desired?
Are you available to work:    Full Time:                      Part Time:
Have you previously applied for work PacTel Solutions? If "yes", when and what position? _____
How did you learn about this opportunity? If an employee referred you, include the employee's name.

## EDUCATION

Please list your educational background, beginning with High School. Include technical school and military training, etc.

Name and location of school	Major/Degree	Graduated

List any vocational or business related courses and training:

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**PROFESSIONAL REFERENCES**

List name and telephone number of three work or school references who know your employment qualifications (include supervisors).

Name	Phone number (w/ area code)	Job Title	Relationship to you

**EMPLOYMENT/WORK EXPERIENCE**
**Complete this portion even if attaching your resume. Please list your employment history starting with your current / most recent employer. Include military service and self-employment. Please account for the last 10 years of employment. Use additional paper if necessary.**

Employer Name	Position Held	Phone Number (w/ area code)
Street Address	City	State Zip
Dates Employed From To	Rate of Pay Starting Salary	Ending Salary
Supervisor Name and Position	Reason for leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" please indicate reason:	
Employer Name	Position Held	Phone Number (w/ area code)
Street Address	City	State Zip
Dates Employed From To	Rate of Pay Starting Salary	Ending Salary
Supervisor Name and Position	Reason for leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" please indicate reason:	
Employer Name	Position Held	Phone Number (w/ area code)
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Employer Name	Position Held	Phone Number (w/ area code)
Street Address	City	State Zip
Dates Employed From To	Rate of Pay Starting Salary	Ending Salary
Supervisor Name and Position	Reason for leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" please indicate reason:	

 Have you been dismissed or asked to resign from any position?
 

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Please identify and explain any gaps in employment greater than 90 days: Personal leave from working.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PRE-EMPLOYMENT STATEMENT

1. I have read and fully understand the questions in this application and I certify the answers I have given in this application are true and complete to the best of my knowledge, and I understand that any false or misleading answers, omissions or concealment of facts will disqualify me from consideration of employment or, if hired, may lead to my immediate separation of employment.
2. If hired, I agree to abide by the policies and expectations of the Company. I understand that my employment is "at will" and can be terminated by me or by the Company at any time without notice or cause subject only to applicable requirements of law and I will be paid only for services rendered to the time of my termination. In the event the Company advances me money or other items of value, or I otherwise become indebted financially to the company, I agree to repay the Company and also agree any wages due to me upon termination may be offset by payroll deductions against such monies due the Company, except where prohibited by applicable law.
3. If hired, I agree to abide by the policies and expectations of the Company. **I understand that my employment is "at will" and can be terminated by me or by the Company at any time without notice or cause subject only to applicable requirements of law and I will be paid only for services rendered to the time of my termination.** I understand that no language in this application or any statement made during employment may change my at will employment, with the sole exception of an agreement in writing signed by the President of the Company.
4. By signing below, I certify and acknowledge that I have read the statements and that I understand them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date