

Have you ever been terminated or asked to resign from a job? Yes No Please explain: _____

Are you available to work: _____ Full Time _____ Part Time _____ Seasonal _____ Shift Work

What days and hours are you available for work? _____

If applying for seasonal work, during what period of time will you be available? From _____ To _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Have you ever applied to or worked for PTI before? Yes No If yes, when? _____

Do you have any friends or relatives working for PTI? Yes No If yes, state name(s) and relationship(s) _____

Do you have any commitment to another entity or person that might affect your employment with PTI? Yes No

If yes, describe fully: _____

REFERENCES: List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references who are not related to you.

| | <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Years Known</u> |
|---|-------------|----------------|--------------|--------------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |

EDUCATION, TRAINING AND EXPERIENCE:

| School: <u>Name and Address</u> | <u>No. of Years Completed</u> | <u>Degree or Diploma</u> | <u>Did you Graduate?</u> |
|--|--------------------------------------|---------------------------------|--|
| High School _____ | _____ | _____ | <input type="radio"/> Yes <input type="radio"/> No |
| College/University _____ | _____ | _____ | <input type="radio"/> Yes <input type="radio"/> No |
| Vocational/Business _____ | _____ | _____ | <input type="radio"/> Yes <input type="radio"/> No |

Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages? Yes No
If yes, which language(s): _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at PTI? Yes No Explain: _____

Managerial Skills: Yes No - Typing Speed: ___ WPM - Ten Key: Yes No - Shorthand: Yes No - Spread Sheet: Yes No -

Graphics Yes No - Word Processing: Yes No - DataBase Programs: Yes No - Dictaphone: Yes No
Please describe your skills: _____

List any Computer Programs with which you are familiar: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)

Are you employed now? Yes No If Yes, may we inquire of your present employer? Yes No

1. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
 Exact Reason for Leaving: _____

2. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
 Exact Reason for Leaving: _____

3. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
 Exact Reason for Leaving: _____

4. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
 Exact Reason for Leaving: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your most recent employer. You must complete this section even if attaching a resume. Note: Attach additional page(s) if necessary

5. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
 Exact Reason for Leaving: _____

6. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
 Exact Reason for Leaving: _____

7. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
 Exact Reason for Leaving: _____

8. Name of Employer: _____ Type of Business: _____
 Address: _____
 No. Street City State Zip
 Telephone No. (_____) _____ Your Supervisor's Name: _____
 Your Position and Duties: _____
 Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
 Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
 Exact Reason for Leaving: _____

UNEMPLOYMENT HISTORY: Please list any time(s) you were not employed in the last 10 years, after leaving school. You do not need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)

You must account for all periods of unemployment.

| <u>Time Period</u> | <u>Reason(s) Unemployed</u> | <u>Time Period</u> | <u>Reason(s) Unemployed</u> |
|--------------------|-----------------------------|--------------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MILITARY SERVICE:

Were you ever in the Armed Services? _____ Yes _____ No If so, what branch? _____

Dates of Duty: From: ____/____/____ To: ____/____/____

Have you obtained any special skills or abilities as a result of service in the military? _____ Yes _____ No

If yes, describe: _____

Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) an Offense? Yes No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s): _____

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where trial is pending: _____

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No If no, describe the functions that cannot be performed: _____

Is there any reason why you would not be able to fully conform to all attendance requirements? Yes No

Describe fully: _____

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

NOTICE: Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed which includes a complete background check and pre-employment drug test. If there is no opening in the position(s) you are seeking, your application will be kept active for 180 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company. Please read page six carefully, print your name, initial, sign, and date.

AUTHORIZATION

***PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED***

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE). I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING WHICH MAY BE REQUIRED. _____ INITIALS

DRUG & ALCOHOL SCREENING

IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PHYSICAL EXAMINATION INCLUDING A PRE-EMPLOYMENT DRUG SCREEN. RESULTS WILL BE HELD IN CONFIDENCE BY PTI EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. _____ INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PAST EMPLOYER; EDUCATIONAL INSTITUTION; LAW ENFORCEMENT AGENCY; STATE, LOCAL, OR FEDERAL AGENCY; MILITARY BRANCH; THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS; TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE RECORD, EDUCATIONAL HISTORY, LICENSING, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY PTI TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. _____ INITIALS

NOTIFICATION & COMPLIANCE WITH RULES

I AGREE TO IMMEDIATELY NOTIFY PTI IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF PTI. _____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND PTI. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF PTI OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON PTI UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF PTI. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN ME AND PTI REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. _____ INITIALS

I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

Print Name: _____

PTI IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.