## Employment Application Perception Motor Werks is an equal opportunity employer.



GENERAL INFORMATION	
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Name:	Position Applied For:				
Address:					
	Street	City	St	ate	Zip
Home Phone:	Business	or Other Phone:		Email:	
Salary:		Position Type:	Part-Time 🗌 Full	-Time	
How were you refer	red to PMW? Name of referra	al source:			
Are you at least 18 ye	ears of age? 🗌 Yes 🗌 No				
Have you ever been	employed PMW?	Yes No If ye	s, please indicate d	ates:	_
	convicted of a felony? Ses of marijuana on school grounds or possession of cor ram.				
Can you, after emplo	yment, provide proof of your le	egal right to work in th	ne U.S.? 🗌 Yes 🗌	No	
	form the essential functions nodation?				
FDUCATION	BACKGROUND				
TYPE OF SCHOOL	NAME AND ADD	RESS	GRADUATED Yes/No	COURSE OF STUDY	DEGREE RECEIVED

TYPE OF SCHOOL	NAME AND ADDRESS	GRADUATED Yes/No	COURSE OF STUDY	DEGREE RECEIVED
High School				
College				
Post Graduate				
Business or Trade				
Other				

List four professional references who have knowledge of your experience and qualifications for the position for which you are applying. Do not use relatives or personal references.

	POSITION	NUMBER OF	
NAME	(i.e. direct manager, colleague, client)	YEARS KNOWN	<b>TELEPHONE NUMBER</b>
1.			
2.			
3.			
4.			

Name of present or last employer:		Type of business:			
Dates of employment:	Your job title:	Starting salary:		Final or present salary:	
From: To:		\$	per	\$ per	
Employer's address:		Employer's telephone:			
Name and title of your immediate supervisor:					
Reason for leaving:					

Description of your duties and responsibilities:

Name of present or last employer:		Type of business:			
Dates of employment:	Your job title:	Starting salary:		Final or present salary:	
From: To:		\$	per	\$ I	per
Employer's address:		Employer's telephone:			
Name and title of your immediate supervisor:					
Reason for leaving:					

Description of your duties and responsibilities:

Name of present or last employer:		Type of business:			
Dates of employment:	Your job title:	Starting salary:		Final or present salary:	
From: To:		\$	per	\$	per
Employer's address:		Employer's telephone:			
Name and title of your immediate supervisor:					

Reason for leaving:

Description of your duties and responsibilities:

May we contact the employers listed above? \_\_\_\_\_\_If not, indicate which one(s) you do not wish us to contact:

## **APPLICANT'S STATEMENT**

I hereby affirm that the information provided on this Employment Application (and accompanying resume, if any) is true and complete. I also agree that any false information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize and agree to cooperate in any investigation of my past employment, education and financial history and background, and release from liability all persons or entities requesting or supplying such information.

I understand that should I accept an offer of employment, that either the Company or I can terminate my employment at any time for any reason, that I am not being employed for any specified duration and that this Employment Application does not constitute a contract of employment.

I understand and acknowledge that, aside from this employment-at-will relationship, no one other than the President/CEO has the authority to enter into any other employment contract between me and the Company, and that any such contract must be in writing and executed by me and such officer on behalf of the Company.

**Applicant Signature:** 

I understand that should I accept an offer of employment, I may be required, as a condition of employment, to execute a confidential information/non-solicitation agreement, in which event I agree to be bound by the terms of such agreement(s).

I understand that this application applies only to the position sought at present and that ABC is not obligated to retain or consider this application for future openings. I also understand that this application will only be considered active for 30 days.

I understand that any offer of employment is contingent upon my producing documentation to verify my identity and my legal authorization to work in the United States, as required by federal law. I understand that the completion of this application does not establish any obligation upon the Company to hire me.

Date:

The above/attached information is not legal advice. It should not be considered a legal opinion as to which laws apply or as to how any law applies to a particular situation. Companies or individuals should seek advice of counsel with regards to their particular situation.