

Las Name	First Name	M.I.	Social Security#
Street Address	City	State	Zip
			Telephone

If you become an employee by Product Assurance Services Inc. can you provide proof of your right to remain and work in the United States? Yes No
 If you are under 18, please state your age.

What position are you applying for? What other position would you consider?

Date Available? Salary Desired? Referred to PASI by?

Have you ever applied at PASI before? If yes, please state when.

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction record does not necessarily bar employment). Yes No
 If yes, please list crimes and date of convictions.

Are there any restrictions on hours available to work? Yes No If yes, please state shift preference

In case of emergency notify: Telephone ()

Name of School	Location	Last grade Completed	Major	Degree/Diploma
High School				
College				
Graduate School				
Trade, Business, or Correspondence School				

Product Assurance Services Inc.
328 State St.
St. Marys, PA 15857
(814) 781-7274

List any special skills:



Name of previous employer;		Company phone number;	Your position:	Employment dates (month & Year) From To
Street Address		May we contact? Yes ___ No ___	List your duties responsibilities;	Reason(s) for leaving:
City		Supervisor:		Starting salary:
State:	Zip			Ending salary:
Name of previous employer;		Company phone number;	Your position:	Employment dates (month & Year) From To
Street Address		May we contact? Yes ___ No ___	List your duties responsibilities;	Reason(s) for leaving:
City		Supervisor:		Starting salary:
State:	Zip			Ending salary:

I certify that all the information I have provided in order to apply for a secure work with the employer is true, complete, and correct. I understand that any information that is provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediate discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any rights and claims I may have in regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment, and no questions on this application is used for the purpose limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state, or federal law. I understand that this application remains current for only 30 days. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied, oral or written agreements contrary to the foregoing express language are valid. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.** I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement

PRIOR EMPLOYMENT PHYSICAL AND DRUG AND ALCOHOL TEST WILL BE REQUIRED
I agree that if I do not complete four (4) weeks of employment from my date of hire I will be responsible
for the cost of my pre-employment physical cost \$152.00 that will be with held from my final pay check.

Signature of Applicant _____ Date _____ / _____ / _____

Revised 4/25/12