

4019 W. Rosecrans Ave
 Hawthorne, CA 90250
 310 314-2151

Primary Resource Network Employment Application

PERSONAL INFORMATION

Name: Last		First	Middle Initial	Social Security Number	
Have you ever used another name? If so, please list and explain here.				Are you under 18 years of age?	
				Home Telephone Number	
Mailing Address		Street and Number		Alternate Number (Cell, Pager)	
City		State/Province	Zip Code	E-mail Address	
County	Country	Years/Months at current residence:		If at this residence less than 5 years, please list below previous residences that cover the last 5 years.	
Street Address		City	State	County	Dates From-To
Permanent Forwarding Address (if different from mailing address listed above)					
Have you ever been employed by PRN Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", dates: _____					
Have you ever applied for employment at PRN Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", dates: _____					
How were you referred to PRN Inc.? <input type="checkbox"/> Self <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Employee _____					
<input type="checkbox"/> Other:					
Names of any family members employed at PRN Inc.			Relationship to Employee (i.e. spouse, mother, etc.)		
Type of position for which you are applying:			Salary Expected	Date Available	
1 st Choice: _____					
2 nd Choice: _____					
Type of Employment (Please check all boxes that apply)			Do you have the right to work in the United States?		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary				
	<input type="checkbox"/> Summer				
Will you work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		All Employees, upon being hired, must complete an Eligibility verification (Form I-9) as required by Title 8, U.S. Code Section 1324A. Employees will be required to present appropriate documents to PRN Inc. for verification of legal right to work.		

EDUCATION, TRAINING, AND SKILLS INFORMATION

List below your educational background including high school, all colleges, trade, and military service schools.
Indicate last level of education completed:

High School 9 10 11 12 Trade School 1 2 3 4
College/University 1 2 3 4 5 Post Graduate 1 2 3 4

School Name	Location	Major/Minor	Grad? Y/N	GPA	Degree Earned

Vocational and Professional Information (i.e. research projects, thesis subject, publications, patents, seminars, volunteer work). Please do not list courses taken toward a degree or diploma.

Please check and complete information for those skills at which you have had actual experience

<input checked="" type="checkbox"/>	Skill	Length of Experience (Months/Years)	<input checked="" type="checkbox"/>	Skill	Length of Experience (Months/Years)
	Administrative Skills			Word Processing	
	Typing Speed: WPM			MS Word: Version	
	Telephones: System			WordPerfect: Version	
	Data Entry			Other:	
	Ten Key			Spreadsheet (PC)	
	Other:			MS Excel: Version	
	Other:			Lotus: Version	
	Computers			Quattro Pro: Version	
	PC			Other:	
	Mac			Supervisory Skills	
	Other:				
	Computer Languages				
	MS-DOS				
	UNIX			Additional Skills	
	Other:				

EMPLOYMENT HISTORY

Please list your job history for the past five years, including volunteer or unpaid experience, starting with your current or most recent position. Include periods in which you were not employed and explain what you were doing during that time. Attach an additional sheet if needed. Please complete all appropriate items, even if you have already provided PRN Inc. with a resume.

Current (or most recent) Employer Name		Employment Dates	
		From:	To:
Type of Business	Telephone Number	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time; approx. hrs/wk
Address (Street, City, State, Zip Code)		Starting Salary	Current/Final Salary
		\$	\$
Current Supervisor's Name and Title		Other compensation	
Your Job Title		Reason For Leaving	
May we contact this employer? <input type="checkbox"/> Yes		If "no", may we contact upon your acceptance of our employment offer? <input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Your Duties			
Employer Name		Employment Dates	
		From:	To:
Type of Business	Telephone Number	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time; approx. hrs/wk
Address (Street, City, State, Zip Code)		Starting Salary	Current/Final Salary
		\$	\$
Supervisor's Name and Title		Other compensation	
Your Job Title		Reason For Leaving	
Your Duties			
Employer Name		Employment Dates	
		From:	To:
Type of Business	Telephone Number	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time; approx. hrs/wk
Address (Street, City, State, Zip Code)		Starting Salary	Current/Final Salary
		\$	\$
Supervisor's Name and Title		Other compensation	
Your Job Title		Reason For Leaving	
Your Duties			

PROFESSIONAL REFERENCES

Please list three persons best qualified to comment on your related work experience or educational background. Include supervisors not listed on page 3. Do not include relatives.

Name			
Title			
Organization			
Address			
Daytime Telephone Number			

SECURITY INFORMATION

Have you ever been convicted of a felony?
 Yes No If "yes", give dates, places, charges, and disposition.

Have you been convicted of a misdemeanor within the last five years?
 Yes No If "yes", give dates, places, charges, and disposition.

* A "yes" answer will not necessarily disqualify your application.

CERTIFICATION AND AUTHORIZATION

Initial: _____

_____ I certify that all information furnished on this form and any attachments thereto is true, complete and correct to the best of my knowledge

_____ I authorize past and present employers, educational institutions and references to verify information on the application and release them to provide additional information relating to my past employment, education and performance as requested by PRN Inc. or its agents.

_____ I authorize PRN Inc. or its agents to verify any such information and I understand that falsification or omission of information on this application is grounds for termination of further consideration for employment or termination of employment.

_____ I understand that overtime may be required and is a condition of employment.

_____ I understand that employment with the company is for an unspecified period and constitutes at will employment. Employment can be terminated at any time with or without cause, and with or without notice, at the option of either the company or me. I further understand that the company has the right to change employee compensation, duties, assignments, responsibilities, shift, or geographical location at any time, with or without cause and with or without notice.

Signature

Date

PRN Inc. Use Only