

An Equal Opportunity Employer

PeopleService^{INC}

APPLICATION FOR EMPLOYMENT

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements made on this form or during the interview are grounds for terminating the application process or if discovered after employment, terminating employment.

It is the policy of PeopleService, Inc. to provide equal opportunity to all qualified persons with respect to terms, conditions or privileges of employment, and to accord to all equal treatment without regard to race, color, religion, sex, national origin, age or disability.

PERSONAL DATA

Today's Date	Last Name	First Name	MI	
Street	City	State	Zip Code	
Social Security Number	Home Phone	Answering Machine	Other Phone	Answering Machine
	()	<input type="checkbox"/> Yes <input type="checkbox"/> No	()	<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION DESIRED

1 st Choice	2 nd Choice
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time If part-time, show hours available	Desired Salary
If employed, would you be able work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If employed, would you work overtime (evenings, weekends and holidays)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, give reason: _____ <i>(A reasonable effort will be made to accommodate religious needs)</i>	
Do you have a preference regarding work locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, where? _____	
Do you have any relatives now employed by PeopleService, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, complete below:	
Name _____ Location _____	
Name _____ Location _____	
What or who prompted you to seek employment with this company? _____	
Are you at least 16 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have authorization to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Documentation of authorization to work in the United States is required after an offer of employment is made)</i>	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Conviction is not necessarily an absolute barrier to employment)</i>	
If yes, please give date, location and disposition of your case. A record check may be conducted. _____	

EDUCATIONAL & TRAINING RECORD

Type of School	Name & Address	Circle Highest Level Completed	Certificate/Degree Received	Dates Attended
High School		9 10 11 12		
College/University		1 2 3 4 4+		
College/University		1 2 3 4 4+		
Professional School		1 2 3 4		
Technical School		1 2		

CURRENT PROFESSIONAL CERTIFICATION

Include driver's license ONLY IF applying for a position which requires driving a PeopleService, Inc. owned vehicle. You must be able to provide proof of license upon request.

TYPE/LEVEL	LICENSE NUMBER	EXPIRATION DATE	STATE ISSUED	VERIFIED BY: (Office Use Only)

Has your license or certification ever been suspended or revoked? Yes No

If Yes, date and reason: _____

EXPERIENCE/SKILLS (Please check in the box to indicate experience in the following):

CLERICAL:	<input type="checkbox"/> Accounting	<input type="checkbox"/> Fax	
	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Human Resources	
	<input type="checkbox"/> Calculator	<input type="checkbox"/> Switchboard _____ # Lines	
	<input type="checkbox"/> Copier	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Data Entry	_____	
	<input type="checkbox"/> Personal Computer	_____	
	<input type="checkbox"/> List software and check ability:		
	_____	<input type="checkbox"/> Highly <input type="checkbox"/> Average <input type="checkbox"/> Little	
	_____	<input type="checkbox"/> Highly <input type="checkbox"/> Average <input type="checkbox"/> Little	
	_____	<input type="checkbox"/> Highly <input type="checkbox"/> Average <input type="checkbox"/> Little	
OPERATION/ MAINTENANCE:	<input type="checkbox"/> Analytical balance	<input type="checkbox"/> Chlorination equipment	<input type="checkbox"/> Portable pumps
	<input type="checkbox"/> Auto clave	<input type="checkbox"/> Grit removal equipment	<input type="checkbox"/> Sewer line clean machine
	<input type="checkbox"/> Auto sampler	<input type="checkbox"/> Hand tools	<input type="checkbox"/> Spectrophotometer
	<input type="checkbox"/> Automotive equipment	<input type="checkbox"/> Hot plates-stir plates	<input type="checkbox"/> Specific ion probe
	<input type="checkbox"/> Back hoe	<input type="checkbox"/> Incubators	<input type="checkbox"/> Stationary pumps
	<input type="checkbox"/> Blowers	<input type="checkbox"/> Janitorial equipment	<input type="checkbox"/> Thermometers
	<input type="checkbox"/> Bar screen	<input type="checkbox"/> Mower	<input type="checkbox"/> Trimmer (gas & electric)
	<input type="checkbox"/> Chemical pumps	<input type="checkbox"/> pH meter	<input type="checkbox"/> Vacuum pump
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Water main tapping machine

	MANAGEMENT:	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Sales
		<input type="checkbox"/> Report Writing	<input type="checkbox"/> Supervisory _____ # Employees
		<input type="checkbox"/> Public Speaking/Relations	<input type="checkbox"/> Other _____

EMPLOYMENT RECORD

List your present or most recent employer FIRST. Include military, volunteer and unpaid work experience. Account for all time, including periods of unemployment. Resumes may be attached, BUT we also request any information not on the resume be completed on the application.

Are you employed at the present time? Yes No If Yes, may we contact your present employer? Yes No

Employer: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Job Title: _____
Dates Employed: _____ to _____ Full Time _____ Part-time _____ Avg Hrs/Week _____
Supervisor/Title: _____
Duties: _____

Reason for Leaving? _____ Starting Salary \$ _____ Ending Salary \$ _____

Employer: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Job Title: _____
Dates Employed: _____ to _____ Full Time _____ Part-time _____ Avg Hrs/Week _____
Supervisor/Title: _____
Duties: _____

Reason for Leaving? _____ Starting Salary \$ _____ Ending Salary \$ _____

Employer: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Job Title: _____
Dates Employed: _____ to _____ Full Time _____ Part-time _____ Avg Hrs/Week _____
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Reason for Leaving? _____ Starting Salary \$ _____ Ending Salary \$ _____

Employer: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Job Title: _____
Dates Employed: _____ to _____ Full Time _____ Part-time _____ Avg Hrs/Week _____
Supervisor/Title: _____
Duties: _____

Reason for Leaving? _____ Starting Salary \$ _____ Ending Salary \$ _____

PERSONAL REFERENCES (Please do not list relatives or past employers):

Name:	Occupation/Relationship
Street: City: State: Zip:	Phone: ()
Name:	Occupation/Relationship
Street: City: State: Zip:	Phone: ()

AUTHORIZATION (Please read the following carefully before signing this application):

I certify that the information contained in this application is complete and true to the best of my knowledge and that I have not knowingly withheld any facts or information, which would affect my employment. I hereby authorize PeopleService, Inc. or any agent of PeopleService, Inc. to verify the information contained herein and to investigate my employment, education, personal history, criminal history and motor vehicle operation history as applicable and release said agency from any and all liability resulting from such an investigation. I understand that any statement found to be false or omitted will be grounds for denial of employment or termination if I am already employed. Upon my termination, I authorize the release of reference information on my work. I further understand that completing this application does not constitute an agreement by PeopleService, Inc. to employ me.

I understand that prior to my employment, I must pass a physical assessment, which may include a drug/alcohol screening and an essential functions assessment. Failure to pass this assessment will be grounds for denial of employment or termination if I am already employed. I understand that if reasonable accommodation is required due to a disability, I must inform Human Resources (402) 344-4800. I will also state to the best of my knowledge specific accommodations I will require. I further understand by signing this application, I am giving my voluntary consent for a drug screening test. I also consent to the release of test results to the company for its use, and understand that any positive results may preclude my employment.

If employed, I will comply with all rules and regulations for employees of PeopleService, Inc. I understand and agree that neither this form, nor any other written policy or procedure of PeopleService, Inc. and its facilities, shall constitute a contract of employment between PeopleService, Inc. and myself for either a definite or an indefinite period of time. I further understand that if employed, I may resign at any time and that PeopleService, Inc. may terminate or modify the terms and conditions of my employment at any time.

I HAVE READ AND AGREE TO THE ABOVE AND HEREBY CERTIFY THAT THE FACTS THAT I HAVE PROVIDED IN MY EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE.

Signature: _____

Date: _____