

*An Equal Opportunity Employer*

<b>TYPE/PRINT IN INK</b>			
<b>SOCIAL SECURITY NUMBER:</b> _____ - _____ - _____		<b>OFFICE USE ONLY-DATE RECEIVED</b>	
<b>JOB APPLIED FOR</b>			
APPLICATION DATE:	RECEIVED DATE:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
<b>NAME AND ADDRESS</b>			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE:	
MAILING ADDRESS:		WORK TELEPHONE:	
CITY, STATE AND ZIP CODE:		MESSAGE (IF DIFFERENT):	
Personal Reference: (address and phone number)		Personal Reference: (address and phone number)	

Military Experience- To Receive Credit Attach a Copy of Your DD214/DD215				
MOS (please list all)	DATE OF ENTRY (M-D-Y)	DATE OF DISCHARGE (M-D-Y)	BRANCH OF SERVICE:	AREA OF ARMED CONFLICT

WORK SCHEDULE				
CIRCLE ONE: PERMANENT (P)      ON-CALL (OC) SPECIAL EVENTS (SE)      EITHER (E)		CIRCLE ONE: FULL TIME (F)      FULL OR PART TIME (E) PART TIME (P)      INTERMITTENT (I)		DATE YOU CAN REPORT FOR WORK:
		JOB SHARE ANY (B)		(circle one)

**Are you willing to work for PGI, Inc. in a temporary position?      YES      NO**

Check boxes below. If "yes" then enter the permit number and expiration date. List others not listed in the spaces provided and include permit/license number and expiration date.						
State Guard Permit	Yes	No	Permit Number		Expiration Date	
State Firearm Permit	Yes	No	Permit Number		Expiration Date	
State Baton Permit	Yes	No	Permit Number		Expiration Date	
State Mace/OC Permit	Yes	No	Permit Number		Expiration Date	
Please List Other Licenses						

**The Immigration Reform and Control Act of 1986 requires that all employees verify proof of legal right to work in the U.S. A U.S. Passport, or combinations of government-issued picture identification and a birth certificate, and social security card are examples of proof. If hired, can you provide as required?     Yes     No**

OFFICE USE ONLY							
Notes:				<input type="checkbox"/> Accepted (Instructions Enclosed) <input type="checkbox"/> NOT ACCEPTED _____ (Reason) Reviewer's Initials / Date			
INTERVIEW DATE:	TEST DATE: (If applicable)	FILE DATE:					
Range Qualification		Scores					
		1	2	3	4	5	6

### EDUCATION / TRAINING HISTORY

Do you have a high school diploma or a GED certificate? (CIRCLE ONE)    YES    NO

List colleges, military, trade, business or other schools attended.

Name and Location of School	Course of Study (List Major)	Credits Earned			Graduate (Yes / No)	Type of Degree or Certificate Received
		Clock hours	Qtr. hours	Sem. hours		
<b>A</b>						
<b>B</b>						
<b>C</b>						

### ADDITIONAL LICENSE / REGISTRATION / CERTIFICATE

List any other licenses or certificates that are applicable to the position applied for. (Use additional pages as needed)

Description	State	Number	Expiration

### SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying,  
(such as typing speed, computer skills, foreign languages, tactical training, investigative training, etc.)

**Within the past (3) years, do you have any moving violations on your driving record?**     Yes     No    How many? \_\_\_\_\_

**Has your drivers' license ever been suspended?**     Yes     No    If yes, please attach a separate piece of paper and explain in detail.

**Have you ever been convicted of a crime?**     Yes     No    If yes, please attach a separate piece of paper and explain in detail.

**Are you on currently probation or parole?**     Yes     No    Includes all formal or informal types of probation & parole.

### WORK HISTORY ♦♦♦ A RESUME WILL NOT BE ACCEPTED ALONE BUT MAY BE INCLUDED

What you write in this section will be used to decide if you meet the job qualification . List ONLY the job(s) (paid or volunteer) where you received the experience that qualifies you for the job you are applying for. Clearly describe all of your duties, starting with your most recent job.

- ◆ *Complete each box.* If you do not provide all the information required in this section, no credit will be given for that job. If you need additional space to list job duties, attach a separate sheet; clearly identify the job you are describing.
- ◆ **Attach additional pages if you need to list more jobs.**

#### JOB NUMBER 1:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK    CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVERAGE)	REASON FOR LEAVING:	

Description of Duties:

CONTINUE WORK EXPERIENCE ON NEXT PAGE

#### JOB NUMBER 2:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (AVERAGE)	REASON FOR LEAVING:
Description of Duties:		

<b>JOB NUMBER 3:</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (AVERAGE)	REASON FOR LEAVING:
Description of Duties:		

<b>JOB NUMBER 4:</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (AVERAGE)	REASON FOR LEAVING:
Description of Duties:		

HOW DID YOU LEARN ABOUT THIS POSITION?       Newspaper (List Publication)  
 Employment Office       Agency       Friend       Company Website

<b>CERTIFICATION AND SIGNATURE</b>	
<ul style="list-style-type: none"> <li>♦ I understand that employment is contingent upon satisfaction of pre-employment screening which may include health examination (s), and other requirements. I hereby authorize employers, schools, and persons named as references to provide information that may be required to arrive at an employment decision. I also agree to the inclusion of the results in my personnel records. I release Prometheus Group, Inc., and the parties providing the information from any and all liability for any damage resulting from the release of such information.</li> <li>♦ I certify that the information I have provided on this application and any attached resume is true, complete and correct to the best of my knowledge. If my statements are found to be untrue, incomplete or otherwise not in good faith, I understand that the consideration for employment may be denied, or if hired, my employment may be terminated.</li> <li>♦ I understand that if hired my employment may be terminated at any time, with or without cause, with or without advance notice, at the discretion of the company or myself. I further understand that no management official of Prometheus Group, Inc. has any authority to enter any agreement contrary to the foregoing or make any oral assurance or promise of continued employment unless that notice is signed by the President of Prometheus Group, Inc.</li> </ul>	
SIGNATURE (MUST BE IN INK)	DATE