

Welcome!

Thank you for your interest in Personalized Communications. We are currently looking for Telephone Service Representatives who are professional, positive, enthusiastic and willing to learn. You will be asked to take a pre-employment test, which measures your typing ability, number, spelling skills, and reading comprehension. Please complete this form entirely.

How many hours per week would you like to work? _____

Do you have obligations that prevent you from working specific days or times? _____

If so, specify the hours for each day that you are **NOT** available to work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

What date are you available to start work? _____

What is the earliest time that you can come in on a regular basis? _____

What is the latest time you can stay on a regular basis? _____

Are you willing to work overtime when needed? _____

Will you require any scheduling accommodations in the future? _____

What hourly wage do you expect to receive? _____

We Are Drug Free!!!

You may be subject to drug testing and/or a thorough background investigation.

By signing below, you understand that we are hiring for the 2:30p-11:00pm shift with flexible days, including holidays and weekends. I have read this form and to the best of my knowledge the above is true. I understand that any false or inaccurate information may result in immediate termination. Personalized Communications is an EOE.

Date _____ Applicant Signature _____



Name _____

Date _____

1. My keyboard speed on a computer is _____ wpm.
2. On a scale of 1 to 10, my ability to deal with difficult people is a _____.
3. On a scale of 1 to 10, the degree to which I like to help people is a _____.
4. I have significant training and/or experience in _____.
5. My spelling skills would rate
 - (a) really good – rarely misspell a word
 - (b) good – generally misspell only very difficult or unusual words
 - (c) not so good – don't spell well at all
6. I am bilingual..... Yes or No
If so, specify which language _____.
7. The amount of time I have spent doing customer service work is _____.

Please rate each of the following in order of importance as they pertain to you. Start with 10 as the most important and 1 being the lowest priority.

- | | |
|-------|----------------------------------|
| _____ | A boss who understands |
| _____ | Weekends off |
| _____ | Flexible hours |
| _____ | Daytime hours |
| _____ | Room for advancement |
| _____ | Professionalism |
| _____ | Safety |
| _____ | Appreciation for a job well-done |
| _____ | Pay |
| _____ | Company benefits |

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?		PHONE		
<input type="checkbox"/> YES <input type="checkbox"/> NO				

LAST

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER WORKED FOR THIS COMPANY BEFORE?		WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERRED YOU TO THIS COMPANY?			
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			

FIRST

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE		PHONE
DECRPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE		PHONE
DECRPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE		PHONE
DECRPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE**SIGNATURE**