

PLANNING SOLUTIONS, INC. - EMPLOYMENT APPLICATION

The information requested in this application is intended to provide Planning Solutions, Inc. (PSI) with the data it needs to determine whether you meet the requirements for the position for which you are applying. PSI is an equal opportunity employer that recruits, hires, trains, and promotes in all job titles without regard to race, color, creed, national origin, gender, pregnancy, sexual orientation or preference, marital status, religion, age, military service, or disability or handicap.

PERSONAL INFORMATION

Name:		Date:
Current address:		
City:	State:	ZIP Code:
SSN:	Email:	
Phone:	Cell:	
If hired, can you provide proof that you are legally entitled to work in the United States?		
Have you ever been convicted of a felony?	If yes, please describe the conditions of the conviction:	

POSITION

Position Desired:	
Salary Requirements:	
Are you currently employed?	If yes, may we contact your employer?

PROFESSIONAL REGISTRATION INFORMATION

State:	Type of License:	Year Registered and Number:

EMPLOYMENT HISTORY

Employer's Name:		Phone:
Employer's address:		Type of Firm:
City:	State:	Zip:
Title:	Dates Employed:	Starting Salary:
Supervisor:	Ending Salary:	Bonus:
Reason for Leaving:		
Employer's Name:		Phone:
Employer's address:		Type of Firm:
City:	State:	Zip:
Title:	Dates Employed:	Starting Salary:
Supervisor:	Ending Salary:	Bonus:
Reason for Leaving:		

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PROFESSIONAL REFERENCES

Name:	Address:	Phone:

EDUCATION

Dates Attended:	Name of School:	Course of Study (Majors / Degrees)

MILITARY SERVICE DATA

Have you ever served in the U.S. Armed Forces?		
If so, please give dates of service:	From:	To:
Please list special skills / abilities acquired:		

SIGNATURE

This application does not constitute a written employment agreement.

In the event that the Applicant agrees to accept a position with PSI, the Applicant agrees that the employment relationship between PSI and the Employee is an **at-will relationship** and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either PSI or the Employee.

I certify that the information contained in this application is correct. If PSI determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with company policy.

I hereby grant permission to PSI to investigate the information contained in this application and release PSI and any agents or other persons acting on behalf of PSI from any and all liability relating to any investigation of the information contained in this application.

Signature of applicant:	Date:
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