



DRUG FREE WORKPLACE – Notice to Applicants and Employees
Screening tests for illegal drug use will be required before and during your employment.



APPLICATION FOR EMPLOYMENT

Name (print): _____ Date: _____

Professional Contract Services, Inc. (PCSI) is an equal employment opportunity employer. Applications will be considered for employment without regard to race, color, national origin, religion, age, sex, sexual orientation, gender identity, disability, or veteran status.

This application will not be considered unless all questions are fully and accurately answered. This application will not be considered unless it is signed by the applicant. The use of this form does not indicate that there are any positions presently open and does not, in any way, obligate this Company. This application for employment is not a contract of employment and in no way constitutes a commitment by the Company to hire any applicant for employment.

(Important! Read Thoroughly Before Completing)

I authorize the Company to fully investigate all information furnished in this application and authorize and release each former employer given in this application as an employer to give any information that may be sought in connection with this application or concerning my work habits or character. I authorize the Company upon my termination to deduct any outstanding debts to the Company from my paycheck, up to the amount of the statutory minimum wage.

I declare all statements contained in this application to be true and correct. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice and without any requirement of cause. I understand that false or misleading information or omissions given in my application, exhibits, resumes or interview(s) will result in rejection of this application or discharge whenever discovered. I understand that I stipulate that I will not challenge my discharge if I provide any misleading information or omissions on my application. I understand also that, if hired, I am required to abide by all the rules and regulations of the Company. I further understand and agree that no employee or official of the Company has any authority to alter the terms of my at-will employment through oral statements or promises. In order to be binding on the Company, any agreement or promise that alters this policy must be in writing and signed by the President of the Company.

“I understand as a condition of employment that I may be required to work any shift on any day of the week at the sole discretion of the Company.”

Signature: _____ Date: _____

08200.080001.3

Professional Contract Services, Inc.

718 W FM 1626 Bldg. 100 • Austin, Texas, 78748 • 866-512-4775 • pcsi.org

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Social Security No: _____ Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____
Part-Time Full-Time

Are you over 16 years old? YES NO

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO

If yes, list employment date(s): _____

If yes, what was your job title? _____

Do you have relatives employed by this organization? YES NO

If yes, list name, and title: _____

REFERRAL SOURCE

Please indicate how you heard about the current position you are applying to:

- | | | | |
|-----------------|--------------------------|-------------------|--------------------------|
| Former Employee | <input type="checkbox"/> | Search Engine | <input type="checkbox"/> |
| Walk-in | <input type="checkbox"/> | Employment Agency | <input type="checkbox"/> |
| Indeed | <input type="checkbox"/> | Job Fair | <input type="checkbox"/> |
| Company Website | <input type="checkbox"/> | Advertisement | <input type="checkbox"/> |

Employee Referral: YES NO
 If yes, please list employee name (First, and Last Name): _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other (i.e. technical, culinary, etc.): _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Licenses or Certifications maintained for your trade/profession: _____

EXPERIENCE

Please indicate if you have experience in the following fields:

- | | | | |
|---------------------|---------------------------------|--------------------------------|--|
| Housekeeping | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, years of experience and position held: _____ |
| Food Service | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, years of experience and position held: _____ |
| Janitorial | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, years of experience and position held: _____ |
| Mechanical | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, years of experience and position held: _____ |
| Grounds Maintenance | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, years of experience and position held: _____ |
| Administrative | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, years of experience and position held: _____ |

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



EEO DATA SURVEY

Professional Contract Services, Inc. (PCSI) employees are considered for all positions. During employment, all employees are treated equally without regard to race, color, creed, national origin, religion, age, sex, sexual orientation, or gender identity. Preferential treatment may be considered to qualified individuals with disabilities or veteran status. As an employer/government contractor, we comply with government regulations and Affirmative Action responsibilities.

Solely to help us comply with government record-keeping, reporting and other legal requirements, please fill out this Data Record Sheet. This data is for periodic government reporting and will be kept in a Confidential File in the Corporate Office. Government agencies require periodic reports on the sex, ethnicity, disability and/or veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary but the employer reserves the right to substitute information based on visual inspection if you elect not to complete the form.

| | | | |
|--|--|--------------|--|
| Check on of the following Gender/Sex Groups: | | | |
| o Male | | o Female | |
| Check One of the following Race/Ethnic Groups: | | | |
| o | American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. | | |
| o | Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including (for example) Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | | |
| o | Black or African American – A person having origins in any of the black racial groups of Africa. | | |
| o | Native Hawaiian or Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | | |
| o | Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. | | |
| o | White/Caucasian – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | |
| o | Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above six races. | | |
| | | | |
| Print Name | | Phone Number | |
| Street Address | | | |
| City, State, ZIP | | | |



VETERAN DECLARATION FORM

Professional Contract Services, Inc. (PCSI) employees are considered for all positions. During employment, all employees are treated equally without regard to race, color, creed, national origin, religion, age, sex, sexual orientation or gender identity. Preferential treatment may be considered to qualified individuals with disabilities or veteran status. As an employer/government contractor, we comply with government regulations and Affirmative Action responsibilities.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and veterans of the Vietnam era. If you are a veteran of the Vietnam era or a special disabled veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. Definitions are provided below for reference. You may inform of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential and provided only to individuals on a need to know basis.

Solely to help us comply with government record-keeping, reporting and other legal requirements, please fill out this Data Record Sheet. This data is for periodic government reporting and will be kept in a Confidential File in the Corporate Office. Government agencies require periodic reports on the sex, ethnicity, disability and/or veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary, but the employer reserves the right to substitute information based on visual inspection if you elect not to complete the form.

| Check One or More Veteran Groups (if applicable): | | | |
|--|---|-------------------------|--|
| <input type="radio"/> | A Special Disabled Veteran: A "special disabled veteran is defined as a veteran who is entitled to disability compensation under laws administered by the Veterans Administration for a disability (i) rated at 30 percent or more, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 to have a serious employment disability or a person who was discharged or released from active duty because of a service-oriented disability. | | |
| <input type="radio"/> | A Veteran of the Vietnam Era: A "veteran of the Vietnam Era" is defined as a person who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and who (a) was discharged or released with other than dishonorable discharge, or (b) was discharged or released from active duty for a service-oriented disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975. | | |
| <input type="radio"/> | A Newly Separated Veteran: A "newly separated veteran" means any veteran who served on active duty in the U.S. Military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty. | | |
| <input type="radio"/> | Other Protected Veteran: A veteran who served on active duty in the U.S. Military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. | | |
| <input type="radio"/> | Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. | | |
| <input type="radio"/> | Veteran of Armed Forces of the United States of America: A veteran who served on active duty in the U.S. Armed Forces (Air Force, Army, Coast Guard, Marines, National Guard, Navy, etc.) | | |
| <input type="radio"/> | Retired Military: A military person retired from the U.S. Armed Forces | | |
| <input type="radio"/> | I am eligible to receive Military benefits OR I am currently receiving Military benefits | | |
| <input type="radio"/> | My dependent(s) are eligible to receive OR my dependents are currently receiving Military benefits | | |
| Other Veteran Wars: <input type="checkbox"/> Korean War <input type="checkbox"/> Gulf War <input type="checkbox"/> Iraq War <input type="checkbox"/> Afghanistan War <input type="checkbox"/> Other | | | |
| Military Separation Date: | | | |
| Print Name | | Phone Number | |
| Street Address | | City, State, ZIP | |

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____