

# PWC JOB APPLICATION



**PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.**

| Name and Address                                                                                                              |                               |                                        |                               |                                        |                               |                                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------|----------------------------------------|-------------------------------|---------------------------------------------|-------------------------------|
| Name (First, MI, Last)                                                                                                        |                               |                                        |                               | Social Security Number                 |                               |                                             |                               |
| Mailing Address                                                                                                               |                               |                                        |                               |                                        |                               |                                             |                               |
| City, State, and Zip Code                                                                                                     |                               |                                        |                               |                                        |                               |                                             |                               |
| Telephone                                                                                                                     |                               |                                        |                               | Alternate Phone                        |                               |                                             |                               |
| If under 18, please list age                                                                                                  |                               |                                        |                               | Email                                  |                               |                                             |                               |
| Job Type                                                                                                                      |                               |                                        |                               |                                        |                               |                                             |                               |
| Days/hours available to work                                                                                                  |                               |                                        |                               |                                        |                               |                                             |                               |
| <input type="checkbox"/> I have no preference.                                                                                | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues.         | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs.        | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat.               | <input type="checkbox"/> Sun. |
| I am seeking a:                                                                                                               |                               | <input type="checkbox"/> Full-time job |                               | <input type="checkbox"/> Part-time job |                               | <input type="checkbox"/> Full- or Part-time |                               |
| How many hours can you work weekly?                                                                                           |                               |                                        |                               | Can you work nights?                   |                               | Date available to begin                     |                               |
| Additional Information                                                                                                        |                               |                                        |                               |                                        |                               |                                             |                               |
| Have you ever been employed by this organization in the past?                                                                 |                               |                                        |                               |                                        |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| I certify that I am a UK citizen, permanent resident, or a foreign national with authorization to work in the United Kingdom. |                               |                                        |                               |                                        |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?             |                               |                                        |                               |                                        |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| If Yes, please explain:                                                                                                       |                               |                                        |                               |                                        |                               |                                             |                               |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |                               |                                        |                               | Driver's license number                |                               | Issued in what state?                       |                               |
| Have you had any accidents during the past three years?                                                                       |                               |                                        |                               |                                        |                               | How many?                                   |                               |
| Have you had any moving violations during the past three years?                                                               |                               |                                        |                               |                                        |                               | How many?                                   |                               |

| Education                                   |                              |                             |                |                   |
|---------------------------------------------|------------------------------|-----------------------------|----------------|-------------------|
| School                                      | Location (mailing address)   | Years Completed             | Major          | Degree or Diploma |
| High School                                 |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
| College or Business/Trade School            |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
| Military                                    |                              |                             |                |                   |
| Have you even been in the Armed Forces?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date entered   |                   |
| Are you now a member of the National Guard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge date |                   |
| Specialty                                   |                              |                             |                |                   |

## Work Experience

***Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.***

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ☐ Yes ☐ No

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? ☐ Yes ☐ No

**Work Experience (continued)**

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?

☐ Yes☐ No**References***Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

***I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.***

Signature

Date