



900. W. Gladstone Street
 San Dimas, CA 91773
 Telephone: 909 592-4321
 Facsimile: 909 599-7889
 CA License 597074
 CPIC WBE Certified

Employment Application

APPLICANT INFORMATION			
<i>Last Name</i>	<i>First</i>	<i>M.I.</i>	<i>Date</i>
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP</i>	
<i>Phone</i>	<i>E-mail Address</i>		
<i>Date Available</i>	<i>Social Security No.</i>	<i>Desired Salary</i>	
<i>Position Applied for</i>			
<i>Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/></i>			
<i>Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?</i>			
<i>Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain</i>			

EDUCATION				
<i>High School</i>		<i>Address</i>		
<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	<i>YES <input type="checkbox"/> NO <input type="checkbox"/></i>	<i>Degree</i>
<i>College</i>		<i>Address</i>		
<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	<i>YES <input type="checkbox"/> NO <input type="checkbox"/></i>	<i>Degree</i>
<i>Other</i>		<i>Address</i>		
<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	<i>YES <input type="checkbox"/> NO <input type="checkbox"/></i>	<i>Degree</i>

REFERENCES	
<i>Please list three references.</i>	
<i>Full Name</i>	<i>Relationship</i>
<i>Company</i>	<i>Phone ()</i>
<i>Address</i>	
<i>Full Name</i>	<i>Relationship</i>
<i>Company</i>	<i>Phone ()</i>
<i>Address</i>	
<i>Full Name</i>	<i>Relationship</i>
<i>Company</i>	<i>Phone ()</i>
<i>Address</i>	



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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



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Motor Vehicle Report Authorization Form

Motor Vehicle Reports may be obtained as part of Pacific West Space Communication's (PWC, Inc.) evaluation of my job application / employment. The reports may be procured by Preferred Specialty Insurance Services, LLC, and may include an assessment of my insurability under the Company's insurance coverage's. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability of for other permissible purposes.

<i>Drivers License #:</i>	
<i>State of License:</i>	
<i>Date of Birth:</i>	
<i>Name:</i>	
<i>Signature & Date</i>	