



P.O. Box 3392 • Stuart, FL 34995  
Phone: (772) 335-2262 • Fax: (772) 398-0636

**Application For Employment**  
An Equal Opportunity Employer

Instructions For Use:

1. *Fill out completely and accurately.*
2. *Sign and Date where applicable on last page of application.*
3. Mail this application packet along with your resume to:  
Programming Methods of Florida, Inc.  
Attn: Customer Service  
P.O. Box 3392  
Stuart, FL 34995

**A. Personal Information:**

Name (First, Middle, Last): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone No: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Personal Web Site: \_\_\_\_\_

Do you own or lease a vehicle?  Yes  No

Are you either a U.S. Citizen or an alien authorized to work in the U.S.?  Yes  No

Have you ever applied for a job at PMI before:  Yes  No

**B. Education:**

School	Name and Location	Major/Minor	Diploma/Degree	If no Degree # of Credits
High School				
University and/or College				
Grad School				
Trade or Business School				

**C. Work Information:**

Position or work desired: \_\_\_\_\_

Salary desired:\$\_\_\_\_.\_\_\_\_ or Hourly wage desired:\$\_\_\_\_.\_\_\_\_ per hour.

Hours Available		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	AM						
PM							

Do you have any obligations which would prevent you from working the days and hours indicated above?  Yes  No If yes, please explain: \_\_\_\_\_

Are you able to relocate:  Yes  No

How were you made aware of our employment opportunities?

Newspaper Ad  Web Site  Employment Agency

As a customer  Publication  Walk In (I.E. Phone)

Referral by associate (Name: \_\_\_\_\_)

**D. Previous Employment Information:**

Please list all employers, starting with your current or most recent employer first. Leave no time unaccounted for, please list military service only in section E. If you have limited previous employment please check the not employed box, then fill in the date before which you were not employed. Wages are per hour.

<input type="checkbox"/> Current Employer or <input type="checkbox"/> Last Employer Company: _____ Address: _____ Position: _____ Duties: _____ Reason for leaving: _____ Phone: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Date: _____/_____ Ending Date: _____/_____ Supervisor: _____	Start Salary or Wage: \$ _____ End Salary or Wage: \$ _____
<input type="checkbox"/> Not Employed Before: _____/_____ Company: _____ Address: _____ Position: _____ Duties: _____ Reason for leaving: _____ Phone: _____	Starting Date: _____/_____ Ending Date: _____/_____ Supervisor: _____	Start Salary or Wage: \$ _____ End Salary or Wage: \$ _____
<input type="checkbox"/> Not Employed Before: _____/_____ Company: _____ Address: _____ Position: _____ Duties: _____ Reason for leaving: _____ Phone: _____	Starting Date: _____/_____ Ending Date: _____/_____ Supervisor: _____	Start Salary or Wage: \$ _____ End Salary or Wage: \$ _____
<input type="checkbox"/> Not Employed Before: _____/_____ Company: _____ Address: _____ Position: _____ Duties: _____ Reason for leaving: _____ Phone: _____	Starting Date: _____/_____ Ending Date: _____/_____ Supervisor: _____	Start Salary or Wage: \$ _____ End Salary or Wage: \$ _____
<input type="checkbox"/> Not Employed Before: _____/_____ Company: _____ Address: _____ Position: _____ Duties: _____ Reason for leaving: _____ Phone: _____	Starting Date: _____/_____ Ending Date: _____/_____ Supervisor: _____	Start Salary or Wage: \$ _____ End Salary or Wage: \$ _____

**E. Military Service Record:**

Have you served in the U.S. military?  Yes  No

Branch of Service: \_\_\_\_\_

Have you been discharged?  Yes  No If yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_ and reason for discharge: \_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_

**F. References:**

Please give the name of two personal and two occupational references. If you do not have two occupational references please list two more personal references. If you do not have two personal references then please list two more occupational references. Personal and/or occupational references may not be related to you!

**PERSONAL:**

Name: _____	Phone: _____	Years Known: _____
Name: _____	Phone: _____	Years Known: _____

**OCCUPATIONAL:**

Name: _____	Phone: _____	Occupation: _____	Years Known: _____
Name: _____	Phone: _____	Occupation: _____	Years Known: _____

**G. Other:**

Have you been convicted of a felony or misdemeanor within the last 5 years?

Yes  No

If yes, please explain (this will not necessarily exclude you from employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information You Deem Necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Notice and Signature:**

Please read the following notice then if you agree sign and date the application.

NOTICE:

READ CAREFULLY BEFORE SIGNING!

I hereby certify that the answers I have given on this application are true and correct. I understand that any falsification, misrepresentation, misleading statement, or omission of fact on either this application, my attached resume, or during the pre-hire process will be sufficient reason for:

- 1) My not being offered employment, or
- 2) Dismissal at any time from service of PMF if employed.

I authorize the investigation of all statements made herein and authorize the references listed in section F and the employers listed in section D to give PMF any and all information concerning my previous employment, or any other information that they have, personal or otherwise.

I understand that as part of PMF's procedure for processing my employment application, an investigative inquiry may be made into my background and I will promptly fill out the Consumer Notice and Release form PMF sends pursuant to the Fair Credit Reporting Act.

I understand that this employment application is not a contract of employment. I understand that if hired my employment will be at will, which means that either PMF or I may terminate my employment at any time and for any reason with or without cause, by giving written notice five business days before the termination date. I further understand that no employee of PMF is authorized to make any promises to the contrary unless set forth in writing and signed by an officer of the company.

I understand and agree that during the pre-employment process or if hired at any time during my employment PMF may request me to undergo drug testing. The results of this test must be satisfactory, and will play an important role in my being hired or my continuing employment with PMF.

This application will remain in effect for a period of six months. I understand that if I am not hired within that period, the application will be deemed rejected, and a new application must be submitted.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_