



APPLICATION FOR EMPLOYMENT

PDC is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; medical condition, disability; sexual orientation, gender identity; or any other legally protected status.

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name Last First Middle

Address Street Apt. # City State Zip

Telephone ()

Email Address

Position(s) applied for:

Can you perform the essential functions of the position for which you are applying? Yes No
If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before answering this question.

Have you been employed here before? Yes No If yes, give date:

Do you have any relatives or friends who work for PDC? Yes No If yes, give name(s):

Are you employed now? Yes No On what date would you be available for work?

Are you available to work Full time Part time Shift work Temporary

Are you fluent in any foreign language (if applicable)? List:

Are you over the age of 18? Yes No

Have you been convicted of a felony or misdemeanor other than moving traffic violations? Yes No

If yes, please complete the following: (a conviction record will not necessarily be a bar to employment):

Conviction: Location Date

Result or outcome:

EDUCATION

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Honors Received			
Describe Course of Study			

EMPLOYMENT HISTORY

List all of your work experience including military and voluntary service assignments. Start with your present or last job. Attach an additional sheet if necessary.

Employer _____ Telephone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ May we contact? YES NO

Salary: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

Employer _____ Telephone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ May we contact? YES NO

Salary: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

Employer _____ Telephone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ May we contact? YES NO

Salary: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name	Occupation	Home Phone	Daytime Phone

Please summarize your job-related skills or specialized training.

List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

ACKNOWLEDGEMENT

I understand that no employment offer is being made by PDC at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

PDC may contact any business, institution, or individual I have authorized to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to PDC.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for illegal drugs and/or if any condition is discovered for which no reasonable accommodation can be made secondary to the results of the drug test.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from PDC and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at PDC is "at-will" and may be terminated by myself or by PDC at any time for any reason, with or without cause or notice. I understand that no representative of PDC has the authority to make any assurance to the contrary.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other person or organization having relevant information about me to furnish it to PDC, and/or its agents in connection with an application for or retention of employment.

I agree not to assert any claims or causes of action against all persons and corporations supplying this information to PDC and/or its agents. A photocopy of this authorization is as effective as the original.

Name _____

Other Names Known By _____

Signature

Date

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by PDC: Yes No