



APPLICATION for EMPLOYMENT

PLEASE PRINT				Today's date: _____	
_____		_____		_____	
First Name	M.I.	Last Name	Preferred Name/Nickname		
_____		_____		_____	
Street Address	Apartment #	City	State	Zip Code	
_____		_____		_____	
_____		_____		_____	
Home Phone	Alternate/Work Phone		E-Mail Address		
_____		_____		_____	

PLEASE PLACE A CHECK BY YOUR RESPOSE OR PROVIDE THE APPROPRIATE INFORMATION					
Are you interested in: Full-time _____ Part-time _____ Temporary _____					
How did you hear about the position? Ad _____ Referral (Name) _____ Website _____					
Desired Pay:					
Hourly Pay (minimum if applicable) _____		Annual Pay (minimum) _____		Annual Pay (desired) _____	
When are you able to start work? (Date) _____					
Position desired: _____					

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you authorized to work in the United States? Yes _____ No _____	
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Pi Beta Phi will verify the status of every individual offered employment with the organization. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are you under 18 years of age? Yes _____ No _____ If yes, can you furnish a work permit? Yes _____ No _____	
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____	

Pi Beta Phi is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Pi Beta Phi complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Pi Beta Phi also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM _____ MO. / YR.	COMPANY NAME		YOUR POSITION and TITLE
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE
TO _____ MO. / YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY
		\$	\$
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

FROM _____ MO. / YR.	COMPANY NAME		YOUR POSITION and TITLE
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE
TO _____ MO. / YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY
		\$	\$
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

FROM /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO /	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

FROM /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO /	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TELEPHONE NUMBER ()		TERMINATION	REASON
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to Pi Beta Phi for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the organization to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Pi Beta Phi's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the organization in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the organization and me, and that in the event I am hired, my employment will be "at will" and either Pi Beta Phi or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any employee guideline, handbook, manual, policy and the like, distributed by Pi Beta Phi to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the organization's part. Pi Beta Phi may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize Pi Beta Phi and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize Pi Beta Phi and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____