

Please complete all sections.  
Incomplete applications will not be considered.

# Application for Employment



3402 Acorn St. Ste, 202  
Williamsburg, VA 23188



**NOTE:** Incomplete applications will not be accepted. Please complete all sections even if providing a resume. Preston H. Roberts, Inc. is an Equal Opportunity Employer to all individuals regardless of their race, color, creed, religion, gender, age, sexual orientation, national origin, disability, veteran status, or any other characteristic protected by state, federal, or local law.

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Position Desired:** \_\_\_\_\_ **Date available to Start:** \_\_\_\_\_

**Were you referred to PHR, Inc. by a current employee?** \_\_\_\_\_

**If Yes, name of employee?** \_\_\_\_\_

## BACKGROUND INFORMATION

Are you currently Employed? \_\_\_\_\_ **Yes** **No**

Do you have a valid Virginia Driver's License? \_\_\_\_\_ **Yes** **No**

Have you applied to PHR, Inc. before? \_\_\_\_\_ **Yes** **No**

**If yes, state when and what position:** \_\_\_\_\_

Have you been employed by PHR, Inc. before? \_\_\_\_\_ **Yes** **No**

**If yes, state when and the reason for leaving:** \_\_\_\_\_

Are you eligible to work in the U. S.? \_\_\_\_\_ **Yes** **No**

Are you able to work weekends and holidays? \_\_\_\_\_ **Yes** **No**

Are you able to travel, at times on a weekly basis? \_\_\_\_\_ **Yes** **No**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ **Yes** **No**

**If yes, list offense(s) and date(s):** \_\_\_\_\_

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*I hereby authorized Preston H. Roberts, Inc. to contact my present and past employers and academic institutions attended for purposes of verifying the information I have provided. \_\_\_\_\_ (Initials)*

### **EDUCATION AND CERTIFICATES**

Highest grade of school completed: \_\_\_\_\_

Name of Most recent school attended: \_\_\_\_\_

GED: \_\_\_\_\_ High School Graduate: \_\_\_\_\_ H.S. name & city \_\_\_\_\_

Please list all Training Compliance and Certifications: \_\_\_\_\_

### **PROFESSIONAL REFERENCES**

Please list three individuals who can comment on your professional abilities.

**Family and Friends are not appropriate.**

1. Name: \_\_\_\_\_ Known Since: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Known Since: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Known Since: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **WORK EXPERIENCE**

List the last four jobs you have held, starting with your most recent and working backwards.

#### **Most recent Job**

**Started Working On:** \_\_\_\_\_ **Stopped Working On:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Starting Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_

**Ending Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_

#### **Job Number 2**

**Started Working On:** \_\_\_\_\_ **Stopped Working On:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
**Starting Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_  
**Ending Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_

**Job Number 3**  
**Started Working On:** \_\_\_\_\_ **Stopped Working On:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
**Starting Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_  
**Ending Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_

**Job Number 4**  
**Started Working On:** \_\_\_\_\_ **Stopped Working On:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
**Starting Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_  
**Ending Salary:** \$ \_\_\_\_\_ **Per** \_\_\_\_\_

**DRIVING EXPERIENCE**

Please list all licenses held in the last 3 years.  
*You must have at least 3 years of driving history with the DMV to be considered for employment due to insurance purposes.*

**State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_  
**Class:** \_\_\_\_\_ **Endorsements:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_  
**Class:** \_\_\_\_\_ **Endorsements:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_  
**Class:** \_\_\_\_\_ **Endorsements:** \_\_\_\_\_

List states operated in over past three years: \_\_\_\_\_  
List special courses or training that will help you as a driver: \_\_\_\_\_

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**In the past three years, have you:**

Been denied a license or privilege to drive?	<b>Yes</b>	<b>No</b>
Had any license, permit or privilege suspended or revoked?	<b>Yes</b>	<b>No</b>
Been disqualified for violating federal motor carrier regulations?	<b>Yes</b>	<b>No</b>
Been convicted of reckless driving, or driving to endanger?	<b>Yes</b>	<b>No</b>
Been involved in any vehicle accident?	<b>Yes</b>	<b>No</b>

**If "yes", briefly explain, include where & when:**

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**Accident Record for past 3 years or more (attach sheet if more space is needed):**

Dates	Nature of Accident (Head-on, rear-end, upset, etc)	Number Fatalities	Number Injuries	Chemical Spills	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

**Traffic convictions and forfeitures for the past 3 years other than parking violations:**

Charge	Date	Location	Penalty

**If you have a CDL, please complete the following:**

Do you have a current Medical Examiner's Certificate?  Yes  No  
 Classes operated: \_\_\_\_\_ Safety awards received: \_\_\_\_\_  
 Do you have construction driving experience?  Yes  No  
 Please describe: \_\_\_\_\_

*The preceding information is true and reflects my driving record over the past 3 years. I will supply an official copy of my Virginia DMV driving record upon accepting an offer of employment from Preston H Roberts, Inc., as a condition of employment. I will drive safely at all times and abide by all company safe driving rules. I will report any on or off-the-job moving violations or a vehicle accident or incident to Preston H. Roberts, Inc. I hereby agree to face disciplinary action if I do not comply with the above requirements.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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### **Certification**

By signing this application below, I hereby authorized you to perform or have performed an independent investigation to verify the contents of this application. I acknowledge that this investigation may contain information as to my character, reputation, personal characteristics, and mode of living, as I further understand that I have certain rights to a copy of such report under applicable federal law. \_\_\_\_\_(initials)

I certify that I have given true, accurate, and complete information on this application to the best of my knowledge, and with the understanding that such information will be relied on in considering my application for employment and that any deliberate falsification, misstatement or omission will be grounds for and can result in the termination of my employment, regardless of when they are uncovered by the company. \_\_\_\_\_ (initials)

I authorize all law enforcement, credit, education institutions, employers, friends, neighbors and business acquaintances to furnish the company, or a third party, a complete history of my record including (but no limited to) my character, habits and ability to perform job functions. I hereby authorize you to contact the appropriate authorities for information on criminal convictions. I further release any of the above institutions and PHR Inc. from any liability for supplying information; however, in response to a request in accord with this application does not apply to any intentional misrepresentations. \_\_\_\_\_ (initials)

I understand that PHR Inc. has a no-solicitations policy which 1) prohibits non-employees from soliciting employees on the job site for any reason, at any time, 2) that prohibits employees from soliciting each other for any reason, during working hours, in working areas, and 3) that prohibits the distribution of literature in working areas during working hours. The bottom line is that working time, and working areas are for working. \_\_\_\_\_ (initials)

I further agree that the company shall have the right, if and when my employment is terminated, to furnish employers or those seeking information concerning me with information upon their request regarding my work records and rate of pay. \_\_\_\_\_ (initials)

By submission of this application, I further agree that any employment resulting will be at-will and not for any definite term or period and may be terminated by PHR Inc. at any time for any reason not prohibited by law.  
\_\_\_\_\_ (initials)

I further understand this application is valid for 30 days from the filing date and if further consideration is desired, I must reapply. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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**BACKGROUND CHECK NOTICE TO APPLICANT  
AND AUTHORIZATION FOR CONSUMER REPORT**

The purpose of this notice is to inform you that we will be conducting a pre-employment background investigation in conjunction with your application for employment with our company. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- DMV Record
- Criminal Convictions
- Prior Employment History
- Educational History

As part of this investigation, Preston H. Roberts, Inc. will obtain a consumer report from a Consumer Reporting Agency, for employment purposes. The Company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

By your signature below, you authorize the Preston H. Roberts, Inc. to obtain this consumer report. If you wish to receive a copy of the report, please include your address below. This notice and authorization is in accordance with the Fair Credit Reporting Act.

I authorize the Company to obtain a consumer report for employment purposes.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**I do not wish to receive a copy of my consumer report.**

**I wish to receive a copy of my consumer report.**

My address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_