



**Pro Group Management
Pro Group Captive Management Services
PGM Safety Services
575 S. Saliman Rd., Carson City, NV 89701
(775) 887-2480 Fax (866) 434-7048
Application for Employment**

Pro Group is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws, prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

Please Print / Complete All Pages

Personal

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Position desired: _____ Salary desired: _____ Date available: _____
Are you available to work? Days ____ Evenings ____ Weekends ____ Full Time ____ Part-time ____
Are you currently employed? _____
If hired, can you provide documents required to establish your eligibility to work in the US? Yes ____ No ____
Are you over the age of 18 yrs? Yes ____ No ____ (If no, you may be required to provide authorization to work.)
How were you referred to Pro Group? _____

Education

High School or last grade completed:

Name and Location of School: _____
Number of years completed _____ Diploma Received Yes ____ No ____

College:

Name and Location: _____
Course of Study: _____
Number of years completed: _____ Degree/Diploma: _____

Trade / Business:

Name and Location: _____
Course of Study: _____
Number of years completed: _____ Degree/Diploma: _____

Graduate School:

Name and Location: _____
Course of Study: _____
Number of years completed: _____ Degree/Diploma: _____

Military Experience

Have you ever been or currently in the Armed Forces? Yes _____ No _____ Currently Serving _____
What Branch of Service: _____
Job-Related Training/Experience: _____

Other Information

Do you have a means of transportation? Yes _____ No _____
Do you have a valid Driver's License? Yes _____ No _____

Record of Employment

List positions starting with most recent:

Employer: _____ Phone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving _____

May we contact all employers listed? Yes _____ No _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application.

Work-Related References (Do not include relatives)

Name	Occupation	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have a disability and believe you require special accommodations during the selection process, please contact Human Resources to make the appropriate arrangements.

Statement (Please read this statement carefully before signing this application):

I understand that employment with Pro Group is at-will, meaning that I or Pro Group may terminate my employment at any time or for any reason consistent with applicable state or federal law.

I authorize Pro Group to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Pro Group, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____