

APPLICATION FOR EMPLOYMENT

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for the signature on application. All information given will be available only to persons who have a "need to know" or as required by law. If you need assistance in filling out this application, under the Americans with Disabilities Act (ADA), we will make reasonable accommodations. Please call 208-785-2274 or e-mail hr@ptius.net to schedule. Assistance is also available at the Idaho Department of Labor.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. If an application is received with no indication as to what position you are applying for it will not be considered.

PERSONAL INFORMATION

Name (Last name, First name)		Phone			
Present Address		Apt. No.	City	State	Zip
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you 21 years or older? (CDL applicants ONLY) Yes <input type="checkbox"/> No <input type="checkbox"/>	E-Mail Address			

DESIRED EMPLOYMENT

Position Applied For		Date Available to begin employment		Desired Salary
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so may we contact your current employer to inquire? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever applied to Premier before?	Where?	When?		
Have you ever worked for Premier before?	Where?	When?		
Reason for Leaving Premier Technology, Inc?				
Are you subject to any agreements with your former employer that could prohibit your free employment with Premier or restrict you somehow? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of the last supervisor at Premier?				
Who referred you to Premier? (Check one of the boxes)				
Staffing agency <input type="checkbox"/>	Newspaper Advertising <input type="checkbox"/>	Referral <input type="checkbox"/>		
State employment office <input type="checkbox"/>	College placement Service <input type="checkbox"/>	Walk-in <input type="checkbox"/>	Other <input type="checkbox"/>	

EDUCATION

School Level	Name and Location	No. of years Attended	Did you graduate?	Special subjects studied
High School				
College				
Other schools				

Special Training
Professional Affiliations

FORMER EMPLOYERS

List your last three employers, beginning with your most recent job first.

Name of present or most recent employer				
Address		City	State	Zip
Starting Date		Leaving Date	Job Title	
Starting pay			Ending pay	
Name of supervisor	Title	Phone	May we contact you supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of job				
Reason for leaving				

Name of present or most recent employer				
Address		City	State	Zip
Starting Date		Leaving Date	Job Title	
Starting pay			Ending pay	
Name of supervisor	Title	Phone	May we contact you supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of job				
Reason for leaving				

Name of present or most recent employer				
Address		City	State	Zip
Starting Date		Leaving Date	Job Title	
Starting pay			Ending pay	
Name of supervisor	Title	Phone	May we contact you supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of job				
Reason for leaving				



It is the policy of Premier Technology, Inc. to comply with the concepts and practices of affirmative action. It is the intent of Premier and its related policies to ensure equal employment opportunity to all qualified employees.

Premier commits to provide employment opportunity to all qualified persons, and to continue to recruit, hire, train, promote, and compensate persons in all jobs without regard to race, color, religion, citizenship, gender, national origin, age, disability, current or future military status, or status as a Vietnam era or special disabled veteran in accordance with federal law, and without regard to any individual's status protected by applicable state or local law.

Therefore, to keep our affirmative action plan updated we request that all employees and applicants complete this form. This information is collected only for the exclusive use of updating our affirmative action plan and will be maintained in a confidential file.

Name (Please Print):

Please indicate which of the following categories apply to you: (Put an X in all boxes that apply)

Gender		Ethnicity	Race						Veteran Status				
Male	Female	Hispanic or Latino	White	Black or African American	Native Hawaiian/ Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled Veteran	Other Protected Veteran	Armed Forces Service medal Veteran	Recently Separated Veteran	Reservist

CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT AUTHORIZATION DOCUMENT

By signing below, I authorize _____ (the “Company”) to order consumer reports and investigative consumer reports from Continental Screening Services, LLC (“CSS”), a consumer reporting agency. I understand that, as allowed by law, the Company may rely on this authorization to order additional consumer reports and investigative consumer reports from CSS without asking me for my authorization again during any period of employment.

For the specific purpose of preparing consumer reports and investigative consumer reports for the Company, and subject to all laws protecting my informational and individual privacy, I authorize the following to disclose to CSS the information needed to compile the reports: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; and motor vehicle records agencies.

If you live in or are applying to work in California, Minnesota or Oklahoma : Please check this box if you would like to receive a free copy of your report <input type="checkbox"/>

The below-requested information will be used for background screening purposes only.

Last Name	Legal First Name	Middle Name
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Other Name(s) (Alias) Used

<input type="checkbox"/> Check this box if you have no middle name or initial

Social Security Number:

Date of Birth:

Driver’s License State & Number:	
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Current Street Address	Apt.
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City	State	Zip
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Applicant Signature of Acknowledgement and Authorization:
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Signature:	
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Date:	
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Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

Voluntary Self-Identification of Disability

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OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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