

# Application for Employment



It is the policy of Phillips & Cohen Associates (Canada), Ltd. to provide employment training, compensation, promotion and other conditions of employment in a manner which is in accordance with all legal requirements regarding race, color, religion, national origin, sex, age, sexual orientation, disability, or veteran status.

**PRE-EMPLOYMENT STATEMENT: PLEASE READ CAREFULLY**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or failure to provide complete and accurate information is grounds for dismissal. I authorize the Employment/Professional/Personal references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I voluntarily give Phillips & Cohen Associates (Canada), Ltd. the right to make a thorough investigation of my past employment, activities, and education, and I agree to cooperate in such investigation. I release from all liability or responsibility all persons, companies or corporations supplying any information to Phillips & Cohen Associates (Canada), Ltd.. I understand that as part of Phillips & Cohen Associates (Canada), Ltd.'s procedure for processing my application, an investigative report may be made whereby information is obtained from secure third party vendors.

Last Name	First	MI	
Position/Title Applied For			Referral Source
Applicant's Signature			Date of Application / /

Applicant's Last Name	First	MI	Date of Application / /
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**PERSONAL**

PLEASE PRINT OR TYPE ALL INFORMATION

Applicant's Name	Have you ever used any other names or aliases, including maiden, married names and previously married names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list entire name(s) used.		
Present Street Address	Apt. Number		
City	Prov	Postal Code	Email Address:
Previous Street Address	Apt. Number		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	Prov	Postal Code	Home Phone Number ( ) -
			Are you legally authorized to work in the Canada? * <input type="checkbox"/> Yes <input type="checkbox"/> No
			Cell Phone Number ( ) -

\* If offered employment, you will be required to provide documentation verifying authorization.

Have you previously interviewed with PCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date / /	Location (City, State)	Position
Were you ever employed by PCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date / /	Location (City, State)	Department
Are there any limitations on the locations you are willing to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify		If required, can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any limitations on the hours you can work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify		If required, are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for Employment		Expected Salary

**EDUCATION**

High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No (Years Completed )	Degree/Major	School Name and Location (City, State)
College Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No (Years Completed )	Dates Attended (Month/Year) From: To:	Degree/Major
Graduate School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No (Years Completed )	Dates Attended (Month/Year) From: To:	School Name and Location (City, State)
Business/Trade/Vocational Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No (Years Completed )	Dates Attended (Month/Year) From: To:	Degree/Major
Professional License/Certification <input type="checkbox"/> Yes <input type="checkbox"/> No (Years Completed )	Dates Attended (Month/Year) From: To:	School Name and Location (City, State)
Acquired Skills <input type="checkbox"/> Typing (WPM ) <input type="checkbox"/> Data Entry Keystroke Equipment <input type="checkbox"/> Computer skills	Other experience, skills, languages, or qualifications, which you consider relevant to your ability to perform the position for which you are applying.	

Applicant's Last Name	First	MI	Date of Application / /
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**EMPLOYMENT**

List ALL employment starting with your present or most recent employer. Also include relevant voluntary and/or part-time work experience. Use additional sheet(s) if necessary.

Although you may have submitted a resume, please complete this section in its entirety.

Present or Most Recent Employer		Dates Employed (Month/Day/Year) From To	
Street Address		Supervisor's Name	
City	Prov	Post Code	Phone Number ( ) -
Job Title	Major Duties		
Reason for Leaving		May we contact the above now? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when?	

Employer		Dates Employed (Month/Day/Year) From To	
Street Address		Supervisor's Name	
City	Prov	Post Code	Phone Number ( ) -
Job Title	Major Duties		
Reason for Leaving			

Employer		Dates Employed (Month/Day/Year) From To	
Street Address		Supervisor's Name	
City	Prov	Post Code	Phone Number ( ) -
Job Title	Major Duties		
Reason for Leaving			

**MILITARY/VETERAN STATUS**

<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran
<input type="checkbox"/> Retired	<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Other Protected Veteran
<input type="checkbox"/> Reserve		

Applicant's Last Name	First	MI	Date of Application / /
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Do you have any relatives employed by PCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	A Relative is a: Mother, father, mother-in-law, father-in-law, husband, wife, son, daughter, son-in-law, daughter-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, stepparent, stepchild, stepsibling, aunt, uncle, niece, nephew, or cousin of an employee or employee's spouse.		
Relative/Employee Name	Relationship	Position	Location (City, Prov)
Relative/Employee Name	Relationship	Position	Location (City, Prov)
Relative/Employee Name	Relationship	Position	Location (City, Prov)

**REFERENCES**

Name	Reference Type <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address	Occupation
City State Zip Code	Phone Number ( ) -

Name	Reference Type <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address	Occupation
City State Zip Code	Phone Number ( ) -

Name	Reference Type <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address	Occupation
City State Zip Code	Phone Number ( ) -

**HAVE YOU EVER:**

Been disciplined or discharged by any employer for absenteeism, tardiness, failure to notify your company when absent, or any other attendance-related reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been disciplined or discharged by any employer for theft, unauthorized removal of company property, or related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been disciplined or discharged by any employer for fighting, assault, or related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been disciplined or discharged by any employer for insubordination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been disciplined or discharged by any employer for possession or use of alcohol or drugs at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been terminated by any employer or asked to resign from employment for any reason	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered <b>Yes</b> to any of the above statements, please explain, including dates, location, i.e., city, county, state.	

We appreciate your interest in Phillips & Cohen Associates, Ltd. and the time you have taken to prepare this application.



Summary of Experience

Name: \_\_\_\_\_

How much experience do you have in collections? (Check the one that relates to you)

- None                       Less than 6 months                       6 months to a year
- 1-2 years                       2-5 years                       5+ years

For which company(s) have you worked in collections?

\_\_\_\_\_  
\_\_\_\_\_

How delinquent were the accounts you worked on? (Check all that relate to you)

- Less than 30 days                       30 to 59 days                       60 to 89 days
- 90 to 149 days                       150 to 210 days                       Charged Off

What other experience do you have? (Check all that relate to you)

- |  |   |                                    |                                   |
|--|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Customer Service            | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Telemarketing               | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Insurance                   | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Medical Billing             | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Telesales                   | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Customer Service            | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Sales/Marketing             | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |
| <input type="checkbox"/> Administrative/Receptionist | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 3+ years |

How much experience do you have with Windows based programs?

\_\_\_\_\_

Have you had any leadership or management experience? If yes please describe your experience.

\_\_\_\_\_

\_\_\_\_\_



**PART 1: TO BE COMPLETED BY APPLICANT**

I give Phillips & Cohen Associates, Ltd. permission to contact my current and/or previous employer(s) or references as indicated on my application for employment.

PRINT NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY HUMAN RESOURCES**

A current or former employee has applied for a position with our company. We respectfully request that you assist us in verifying this applicant's current or prior employment by taking a moment to complete the information requested below. Please return via fax to (302) 368-3694. A prompt response is appreciated to further consider the applicant for a position.

Company Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Attendance: Excellent Good Fair Poor

Work Ethic: Excellent Good Fair Poor

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Eligible for Rehire? Yes No

Additional Comments: \_\_\_\_\_

Name and Title of Person Completing Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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