



Professional Express Inc

835 S. St. Paul
 Kansas City, KS 66105

Phone: (913) 722-6060 Fax: (913) 831-6778

Employment Application

In compliance with Federal and State Equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Application Date _____

Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip
Previous Address	City	State	Zip
Phone No. ()	Phone No. ()	email	

Employment Desired

Position	Date You Can Start	Wages Desired
Are you Employed? Yes _____ No _____	Ever Applied To ProEx Before? Yes _____ No _____	
If so may we inquire of your present employer? Yes _____ No _____	Have you ever worked for ProEx Yes _____ No _____	
If Yes, When did you work or apply at ProEx?		

Education History

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				

General Information

Additional Education	Type	Can you legally work in the US? Yes _____ No _____
Have you ever been convicted of a felony? Yes _____ No _____ If YES , explain: _____		
Is there any reason you might be unable to perform the functions of the job for which you are applying? No _____ Yes _____ If YES , explain: _____		
If Applying for a Courier position; what type of Vehicle would you use? Year _____ Type _____		

References (Give below the names of three persons not related to you, whom you have know at least one year.)

Name	Company	Phone
Address	Relationship	Years Known
Name	Company	Phone
Address	Relationship	Years Known
Name	Company	Phone
Address	Relationship	Years Known

Former Employers (List Employers Starting with the last one <i>First</i>)				
Date Month and Year	Employer Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held			Salary/Wage	
Reason For Leaving				
Date Month and Year	Employer Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held			Salary/Wage	
Reason For Leaving				
Date Month and Year	Employer Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held			Salary/Wage	
Reason For Leaving				
Date Month and Year	Employer Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held			Salary/Wage	
Reason For Leaving				
Date Month and Year	Employer Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held			Salary/Wage	
Reason For Leaving				

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into and agreement for employment for and specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

DATE _____

SIGNATURE _____

Internal Notes:
