

PhnNet Services LLC

Application for Professional Services

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
How did you hear about this Service?			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, where?
Have you ever worked for PhnNet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
EDUCATION			
Highest Level Completed	Date Completed	Degrees	
QUESTIONNAIRE			
<i>Please complete the questions below</i>			
Do you have any relatives Employed by PhnNet Services? If yes who?			
Have you ever applied or worked for this type of Service? If yes who?			
Please list the best days and hours per week you are available			
What fictitious name would you like to use?			
What phone number will you have calls coming in on?			
Do you have another phone number in case the first one is not available?			
Are there any kids in the household that would have access to your phone?			
PREVIOUS AND CURRENT PSO EMPLOYMENT (continue on page 2 if you need more space)			
Company	Dates		
Company	Dates		
Company	Dates		
OFFICE USE ONLY			
Live Girl's Name:	Extension:		
Date Hired:	Date Available:		
Interviewed By:			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
I understand that false or misleading information in my application may result in termination of my contract.			
Signature	Date		

