

PINER'S

Application for Employment

Personal Information

date of application _____ date available _____

Name _____
 Last First Middle Social Security Number

Present Address _____
 Street City State Zip Code Phone Number

Permanent Address _____
 (if different from above) Street City State Zip Code Phone Number

If you cannot be reached at above number, where may we contact you? Name of Person _____
 Phone Number _____

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Will you accept Employment of: Full Time? _____ Part Time: _____

Type of work desired	Shift	Salary
First choice		
Second Choice		
Third Choice		

Are you employed now? _____ Are you 18 Years of age or Older? _____

May we contact Your Present Employer? _____ If not, Why? _____

How did you hear of the Job Opening? _____

Education

Circle Highest Grade Completed: 9 10 11 12 13 14 15 16

Name and Address of School	Course of Study (Major Field)	Years Attended		Graduate?		Diploma, Degree, or Certificate Earned
		From	To	Yes	No	
High School						
College						
Other						

Scholastic Honors Received _____

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service, or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

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type	Organization or State Issued	Date Issued	Number	Verify?
type	Organization or State Issued	Date Issued	Number	Verify?
type	Organization or State Issued	Date Issued	Number	Verify?

Employment Record

(list All present and past positions, beginning with the most recent)

Name and Address of Company and Type of Business	From		Describe in detail the work you did	Salary	Supervisor
	Mo.	Yr.		Starting	Name
	To: Mo	Yr		Ending	Phone #
Reason for Leaving					

Name and Address of Company and Type of Business	From		Describe in detail the work you did	Salary	Supervisor
	Mo.	Yr.		Starting	Name
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Reason for Leaving					

Please explain all periods of unemployment _____

Driver's licences number (driving positions only) _____

Have you ever been convicted of abusing, neglecting, or mistreating individuals? _____

Have you ever been convicted of a crime other than a minor traffic violation? _____ Are you a registered sex offender? _____

If yes, describe in full _____

(conviction of a criminal offense will not necessarily preclude your employment)

Personal References (do not include relatives or former employers)

Name and occupation	Address	Phone Number

General Condition of Health (circle one) Excellent Good Fair Poor

Explain any physical limitation which we should consider before job placement

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making application without endangering yourself, other employees or patients? Yes _____ No _____
endangering yourself, other employees or patients? Yes _____ No _____

Have you been previously employed by us? _____ if yes, when? _____

List any friends or relatives working for us

Name	Relationship

This company does not discriminate in hiring or any other employment decision on the basis of race, color, sex, citizenship, national origin,

No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take take the pre-employment physical examination, and such future physical examinations as may be required by this company at such times as the company shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause.

Date

Applicant's Signature