

PINER'S

Application for Employment

Personal Information

date of application _____ date available _____ Social Security Number _____

Name _____ Email _____
 Last First Middle

Present Address _____
 Street City State Zip Code

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

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

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

Will you accept Employment of: Full Time? _____

Are you employed now? _____ Are you 18 Years of Age? _____

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?		Other
		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: _____

type	Organization or State Issued	Date Issued	Number

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Employment Record

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

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

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

Please explain all periods of unemployment _____

Driver's licences number (driving positions only) _____

Personal References

(do not include relatives or former employers)

Name and occupation

Address

General Condition of Health

(circle one)

Excellent

Good

Fair

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 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

Name

Relationship

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

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 c investigation and release all liability or responsibility all persons, companies, or corporations supplying such information. I employment physical examination, and such future physical examinations as may be required by this company at such times designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at

I also understand that my employment may be terminated for any misstatement or omission of fact appearing on thi

Date

Applicant's Signature

DO NOT ANSWER QUESTIONS IN THIS AREA

Disposition

UNDER CONSIDERATION		Employed	Regular
Possible Work Location	Possible Position(s)	Location & Position	

TO BE COMPLETED AFTER EMPLOYED

Date of birth _____ Marital Status _____ Sex _____ Nationality _____ Number and ages of children _____

List Nature of any Disability: _____

Notify in Case of Emergency: _____

Name

Number Street City State Zip Code

List any foreign languages that you speak _____

Security

Phone # _____

;

Phone # _____

;

Phone # _____

=====

Part Time: _____

of age or Older? _____

=====

Diploma, Degree,
or Certificate Earned

Verify?

	Verify?
	Verify?

Supervisor Name

Phone #

Supervisor Name

Phone #

Supervisor Name

Phone #

Supervisor Name

Phone #

Phone Number

Poor

without

national origin,

operate in such
consent to take take the pre-
s as the company shall

t any time without cause.

is application.

Part time

Wage Rate

Date

--	--

Children

Relationship

Telephone Number
