

PINER'S

Application for Employment

Personal Information

date of application _____ date available _____ Social Security Number _____

Name _____
 Last First Middle Email _____

Present Address _____ Phone # _____
 Street City State Zip Code

Permanent Address _____ Phone # _____
 (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 _____ Phone # _____

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

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

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: _____

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 Mo.	Yr.	Describe in detail the work you did	Supervisor Name
	To: Mo	Yr		Phone #
Reason for Leaving				

Name and Address of Company and Type of Business	From Mo.	Yr.	Describe in detail the work you did	Supervisor Name
	To: Mo	Yr		Phone #
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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	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 _____

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, national origin, religion, ancestry or on the basis of age or physical or mental disability unrelated to ability to perform the work required.

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 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.

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

Date

Applicant's Signature

DO NOT ANSWER QUESTIONS IN THIS AREA

Disposition

UNDER CONSIDERATION		Employed	Regular	Part time	
Possible Work Location	Possible Position(s)	Location & Position		Wage Rate	Date

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 _____ Relationship _____

Number _____ Street _____ City _____ State _____ Zip Code _____ Telephone Number _____

List any foreign languages that you speak _____