

# PINER'S

## Application for Employment

### Personal Information

date of application \_\_\_\_\_ date available \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Street City State Zip Code

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 (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 Number \_\_\_\_\_

### Employment Desired

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: \_\_\_\_\_

### Professional Licenses and/or Certifications

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
	To: Mo	Yr		Ending	Phone #
Reason for Leaving					

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	Mo.	Yr.		Starting	Name
	To: Mo	Yr		Ending	Phone #
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

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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,

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 through investigation of my past employment and activities, agree to cooperate in such 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.**

**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 \_\_\_\_\_