NAME: LAST FIRST M.I.

APPLICATION FOR EMPLOYMENT

NOTE: This application was designed for use with several types of positions. Some questions may not be relevant to the position you are seeking, however, please answer all questions. Resumes are not accepted in lieu of completion of this application.

(Application Valid for 180 days)

Last Name (Please Print) First Middle Social Security Number Date

Present Address: Street City, State Zip Code Telephone Number

Position(s) Applied For _____ Salary Desired _____ Available Start Date_____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S. ☐ Yes ☐ No

(Pinnick **Construction, Inc. participates in E-Verify)**

Have you been convicted of any crime within the past 5 years? ☐ Yes ☐ No - If yes, give dates and explain. (Attach separate paper if necessary.) **A conviction will not necessarily disqualify you from employment.**

_____

_____

Are you over 18 years of age? ☐ Yes ☐ No

Do you have available transportation to and from work? ☐ Yes ☐ No

EDUCATIONAL DATA

School	Print Name, Street Address, City State and Zip Code of each School	No. Of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other				

Honors received: _____

Other skills: List any other job-related skills, qualifications, licenses, professional organizations, etc. that support your application or are applicable to the position you are seeking:_____

_____

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? ☐ Yes ☐ No - If yes, identify names and relevant dates. _____

_____

EMPLOYMENT EXPERIENCE

List each job you held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE			
	SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? ☐ Yes ☐ No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE			
	SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? ☐ Yes ☐ No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE			
	SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? ☐ Yes ☐ No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE			
	SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? ☐ Yes ☐ No

Please identify any exceptions and reasons for not contacting prior employers: _____

_____

Have you ever been dismissed or forced to resign from any employment? ☐ Yes ☐ No - If yes, explain. _____

_____

Are you currently employed? ☐ Yes ☐ No Are you laid off and subject to recall? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No Will you work overtime if asked? ☐ Yes ☐ No

Are there any hours, shifts or days you will not work? ☐ Yes ☐ No - If yes, explain: _____

_____

What foreign languages do you speak, read or write? _____

Do you have any friends or relatives who work here? ☐ Yes ☐ No - If yes, provide Name and Relationship

Name:_____ Relationship: _____

Name:_____ Relationship: _____

CHARACTER REFERENCES

List three (3) persons, NOT RELATED TO YOU, whom you have known at least one year:

NAME ADDRESS TELEPHONE OCCUPATION

1._____

2._____

3._____

How did you hear of us? _____

Have you applied here before? ☐ Yes ☐ No - If yes, give date: _____

Have you been employed here before? ☐ Yes ☐ No - If yes, give date: _____

Signature of Applicant_____

APPLICANT DRUG SCREEN ACKNOWLEDGEMENT

As a **job applicant,** I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under applicable State law.

_____	_____	_____
Applicant Signature	**Print Name**	**Date**

NOTICE TO APPLICANTS

We are an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, sex, national origin, sexual orientation, age, disability, veteran status or religion. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

Pinnick Construction, Inc. complies with the American's With Disabilities Act of 1990, as amended. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and/or examination, if required, and all information will be kept confidential and in separate files.

Applicant Signature:_____

Date:_____

CONFIDENTIAL

Background Check Authorization

Print Name: _____

(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Pinnick Construction Corp and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Pinnick Construction Corp or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Pinnick Construction Corp and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.