



# PINNACLE TELECOM

## Employment Application

APPLICANT INFORMATION													
Last Name				First				M.I.	Date				
Street Address							Apartment/Unit #						
City				State				ZIP					
Phone				E-mail Address									
Position Applied for							Date Available for Work						
Are you able to work full time / part time or either?	Full	<input type="checkbox"/>	Part	<input type="checkbox"/>	Either	<input type="checkbox"/>							
Are you currently on "layoff" or subject to recall?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									
Do you have a valid driver's license?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									
Can you travel if the job requires it?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain								
If you are under 18 years of age, can you provide required proof of eligibility to work?										YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
EDUCATION													
High School				Address									
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
College				Address									
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				
Other				Address									
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				
MILITARY SERVICE													
Branch							From		To				
Rank at Discharge													

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**EMPLOYMENT EXPERIENCE**

Company		Phone	
Address		Supervisor	
Job Title		Start Date	End Date
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Start Date	End Date
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Start Date	End Date
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>



