



EMPLOYEE INFORMATION FORM

Instructions:

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| 1. Please read "NOTE" below. | 3. Continue on the back if more space is needed to complete any question. |
| 2. Complete all questions. | 4. Print clearly. Incomplete or illegible application will not be processed. |

Date: _____ Social Security Number: _____

Name: _____

Home Phone: _____ Email: _____

Current Address: _____

Prior Address: _____

Emergency Contact: _____ Phone: _____

NOTE: Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements or documents related to United States employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age creed, national origin or the presence of no job-related handicaps, and such information may be omitted from this form. A felony conviction will not necessarily bar the applicant from employment. Affirmative action hiring of handicapped individuals, disabled or Vietnam-era veterans, minorities and women may be requested by qualified applicants. Additional testing of job-related skills, mental/physical condition and for the presence of drugs in your body may be required before employment.

Pinnacle PEO is an "At will employer."

Availability: For which position are you applying? _____

Experience: Please put most recent employer first.

Most Recent Employer:	Name of Employer	Name of Employer
Address		
City, State, Zip		
Telephone		
Supervisor		
Date Employed	Salary/Pay Rate	Date Employed
Start End	Start End	Start End
Date Employed	Salary/Pay Rate	Date Employed
Start End	Start End	Start End
Position/Duties:	Position/Duties:	Position/Duties:

Security: In which states have you lived in the past seven years? _____

Have you used another name(s) or social security number other those on this form? _____

Have you been convicted, or plead guilty, or no contest, to a felony? YES NO

Do you regularly take any prescription medication or drugs which may affect your job performance or safety? YES NO

Have you ever been injured on the job or received workers compensation benefits? YES NO (Will not be used for purposes of discrimination) Please provide details _____

References: Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

Certification and Release: I certify that I have read and understand the "NOTE" this page and that the answers given by me to the foregoing questions and statements by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and its agents including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history and motor vehicle records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liabilities for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed: _____ Date: _____

Application for Employment cont.

EDUCATION

	School Name, City, State	# of years completed	Area of Study	Did you graduate	Degree received
High School					
Vocational					
College					
Other					

Have you previously worked for us? YES NO

Do you have a valid driver's license? YES NO

Are you available to work: Full time Part Time Temporary(Seasonal)

Please note any other information that may be helpful.(certifications, licenses, special skills, computer skills, foreign languages):



Authorization for Release of Information

In connection with my application for employment or my current employment status with Pinnacle PEO Corporation , this acknowledgement form gives the bearer, an authorized representative of the Pinnacle PEO Corp., permission to examine or receive a copy of any and/or all records maintained by any Law Enforcement Agency, University, College, School or Board of Education, or any other agency of any State relating to me as regards a criminal background check and/or employment verification check, in the same manner and the same extent as if I personally applied for the same. I also hereby authorize such records to be disclosed or furnished in accordance with any request made by the Pinnacle PEO Corporation, or their representative.

_____ Full Name of Applicant (printed)	_____ DATE
_____ Street Address	_____ City, State, and Zip Code
_____ Applicant Signature	_____ Date of Birth
_____ Social Security Number	_____ Driver's License Number & State of Issue
_____ Counties of Residence	