

## **Employment Application**

We give you a clear view

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Embio	yment (	Juestic	nnaire

Date of Application:		Phon	ne Number(s)		_
Last	First	Middle			
Full Address:					
					_
l am applying for a բ	oosition as:				_
f full time employme	ent is not availa	able, would you accep	pt part-time? Ye	s No	
Are you 18 years of	age or older?	Yes No	If no, please s	state age:	
		Educ	ation		
<u>Name</u>	City/State	Grade Average	Yrs Attended	Certificate or Diploma	
High School					
College					
Business or Trade					
School					
Other Training or					
Education					
		General In	nformation		
Are you a US Citize	n? Yes No	If not a US Citiz	en, are you a nor	n-citizen with a Visa? YesN	)
Date available to sta	art work?	<u>-</u>			
Have you ever beer	disciplined or	terminated from any	job for an act of v	violence, harassment, discrimina	ion,
ethical breach or the	eft? Yes	No			
Emorgonov contact	nama and num	phor			
Emergency contact	name and num	nber			

Experience

1.) Current or	
Last Employer	Position held
Address	Supervisor:
Dates of employment: Start: End:	Wage / Salary
Major Duties:	
Reason for Leaving:	
2.) Current or	
Last Employer	Position held
Address	Supervisor:
Dates of employment: Start: End:	Wage / Salary
Major Duties:	
Reason for Leaving:	
3.) Current or	
Last Employer	Position held
Address	Supervisor:
Dates of employment: Start: End:	Wage / Salary
Major Duties:	
Reason for Leaving:	
Additional	Information
Will you travel? Yes No	
I was referred by:	
Work performed on a volunteer basis:	
What three things are most important to you in a job?	
What three adjectives best describe you?	
Poreonal	References
	References
Do not use former employers or relatives.	Occupation
Full Name	Occupation
Address	Phone #
Full Name	Occupation
Address	Phone #
Essential J	ob Functions

1. Can you walk and stand on the job for extended periods of time – possibly up to 10 hours? Yes No						
2. Can you consistently lift items that weigh up to 80 pounds? Yes No						
3. Can you frequently bend, squat, reach, lift, carry, push, and pull which will be necessary to move equipment						
or clean windows? Yes No						
4. Are you able to work Saturdays, Sundays, and evenings? Yes No						
5. Have you ever operated motorized equipment such as forklifts, or boom lifts? Yes No						
6. Do you have a valid driver's license? Yes No						
7. Are you afraid of heights? YesNo						
Please add any comments or additional information you feel is applicable.						
Did you complete this application yourself? Yes No If not, who did?						
The information given on the application is true and correct to the best of my knowledge. I authorize this						
company to investigate all statements on this application.						
Falsification or elimination of information on this application is cause for dismissal at any time if employed.						
I understand that my employment with Pinnacle Building Services shall be probationary for a period of ninety						
(90) days, and further that at any time during the probationary period or thereafter, my employment relation						
with Pinnacle is terminable at will for any reason by either party.						
I also understand that any job offers could be contingent on my passing a drug screening test if that is						
company policy for all job offers.						
I understand that this company is legally permitted to require a physical examination as a condition of						
employment once a job offer has been made. I certify that my responses above are true and correct and that I						
know of no limitations which would prevent me from performing the essential job functions.						
Applicant Signature Date						