

Application for Employment

Pioneer Payroll Services, Inc.

Applicants will receive equal consideration without regard to race, creed, color, sex, age, national origin, handicap, marital or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
E-mail address:			Cell Phone ()
Position Desired			Pay Expected
Have you applied here previously? Yes No If yes when? Month Year			
Have you worked for this company before? Yes No If yes, where?			
Dates, Month and Year			
From	To	Position	Rate of Pay
Are you legally eligible to work in the United States?			Date you are available?
Are you currently employed? If not, when did you leave your last employment?			
Individual? (whom) Website? Newspaper? Other?			
How were you referred to this company?			

EDUCATION

School	Name and School Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
Graduate				Yes No	
College				Yes No	
Business/ Trade/ Technical				Yes No	
High School				Yes No	
Elementary				Yes No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT - Last 10 Years

Please give an accurate and complete record of your full and part time employment. Start with your present or most recent employer.	
Company Name	Telephone ()
Address	Dates: (Month & Year) From: To:
Supervisor	Rate of Pay:
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Dates: (Month & Year) From: To:
Supervisor	Rate of Pay:
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Dates: (Month & Year) From: To:
Supervisor	Rate of Pay:
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Dates: (Month & Year) From: To:
Supervisor	Rate of Pay:
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Dates: (Month & Year) From: To:
Supervisor	Rate of Pay:
Your Title and Job Duties	Reason for Leaving

Have you ever been discharged from a job? **Yes** _____ **No** _____
 If "yes", what were the circumstances?

Employer Name: _____ When? _____

DRIVING EXPERIENCE/CERTIFICATION

(Complete this section only if you are a driver applicant.) Social Security No. _____

Commercial Driver License Number	Expires	Issuing State	Date of Birth	Endorsements

Have you held a drivers license in any other state in the last 5 years? **Y**___ **N**___ If so, which state(s) _____

Equipment	Number of Dates			Approx. No. of Miles
	Years	From	To	
Straight				
Tractor/Trailer				
Van				
Other				

Specialized training

Did you attend a CDL School? **Y**___ **N**___ If yes, When? _____ Where? _____

Please list any special courses or training that will help in your employment as a driver: I.e. defensive driving, skid pad etc.

_____	Date & location	_____
_____	Date & location	_____
_____	Date & location	_____

Have you ever received safe driving awards? **Y**___ **N**___ If yes, when and from whom? _____

ACCIDENT RECORD - past 10 years

Date	Type	Vehicle	Injuries	Location	Disposition

VIOLATION RECORD - past 10 years

Date	Type	Vehicle	Injuries	Location	Disposition

Date: _____

- Has your license ever been suspended or revoked? Yes No
- Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle? Yes No
- Have you ever been convicted of driving under the influence of alcohol, narcotics, drugs, marijuana, amphetamines, or any illegal substance? Yes No

MILITARY

Did you serve in the US Armed Services? Yes ___ No ___ If "Yes", what Branch? _____	EAS Date: _____	Type of Discharge: _____
Describe any training you received in the military that is relevant to the work you are applying for.		

CRIMINAL RECORD

Have you ever been convicted of a felonious crime? **Yes**_____ **No**_____ Year _____
 If "Yes", what was the crime? _____

WORK REFERENCES

Person	Title	Business	Contact Information

PERSONAL REFERENCES

Person	Contact Information

EMPLOYMENT RELATIONSHIP

1. I agree that any misleading or untrue statement, answer or omission herein or hereafter, at the sole option of the company, may render void this application for employment and may result in termination should employment have been offered or granted.
2. I understand and agree that this application for employment may be used for background and security investigation. I authorize the company to inquire into my application and background. I authorize the company to contact former employers, educators, references and other persons and organizations for any and all information regarding my qualifications for employment.
3. In the event the company offers employment to me, I understand and agree that such an offer is conditional on my demonstrating through a company paid physical examination the ability to perform essential functions of the offered position with or without reasonable accommodation. I authorize the company to inquire into my medical background as it affects my qualifications for employment. I request and authorize all doctors, treatment providers, hospitals or medical facilities to release and furnish such information regarding my medical history and records and, in consideration for doing so, I especially discharge, relieve and release any persons and facilities furnishing such information from any liability.
4. I understand and agree that my employment with the company is "At Will", including employment in subsequent positions or status, and may be terminated by me or by the company at any time, for any reason, with or without cause and with or without notice. This agreement can be modified only by specific agreement in writing, signed by both parties, and cannot be modified by subsequent conduct of the parties. I understand that no manager or agent of the company other than the CEO has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.
5. In the event I accept employment with the company, I agree and promise to ascertain and abide by all pertinent company rules, policies and procedures, and I agree that failure to do so may result in termination of such employment. I understand that these rules, policies and procedures may be amended at any time the company deems appropriate. I understand that this does not affect my "At Will" employment or alter my right nor the company's right to terminate my employment at any time, for any reason, with or without notice.
6. I hereby authorize the company to deduct from each and every pay period any amounts necessary to offset any damages and/or any expenses caused by me or the value of property or money entrusted to me by, or owed by me to, the company during the course of my employment.
7. I acknowledge that any claim that "may arise out of my employment or termination of employment must be brought within 180 days of the event giving rise to the claims or be forever barred."
8. I acknowledge the employer's right to recoup attorney fees if the employer prevails in the defense of any employment claims initiated by me.

This certifies that this application was completed by me, that I am a genuine applicant for employment, and that this application is being submitted solely for the purpose of employment and that everything contained herein is true and complete to the best of my knowledge.

Signature _____ Date _____

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