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|  | | | | Job Application  Pinnacle Custom Signs  5012 B U Bowman Rd, Buford, GA 30518  (678) 714-8700 | | | | | | | | | | | | | | | | | |
| When completed, email to [jobs@pinnaclecustomsigns.com](mailto:jobs@pinnaclecustomsigns.com). | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | Date: | |  | | | | | | | |
| Social Security # | | |  | | | | | | | | | | Date of birth: | | |  | | | | | |
| Name**:** |  | | | | | | | | | | |  | | | | |  | | | | |
|  | (Last) | | | | | | | | | | | (First) | | | | | (Middle Intial) | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | |
|  | (Street) | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | |  | | | | | | |
|  | (City) | | | | | | | | (State) | | | | | | (Zip Code) | | | | | | |
| Phone: |  | | | | | | Cell Phone: | | | | | |  | | | | | | | | |
| Email Address: | |  | | | | | | | | | | |  | | | | | | | | |
| Are you 18 years of age or older? | | | | | Yes |  | | No | |  |  | | | | | | | | | | |
| If hired, can you provide written evidence that you are authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | Yes |  | No |  |

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| --- | --- | --- | --- | --- |
| Education | | | | |
| **Type** | **Name/Location** | **Course of Study** | **# Years Completed** | **Degree/ Diploma** |
| High School |  |  |  |  |
| College |  |  |  |  |
| Technical or Other |  |  |  |  |

| Employment Record | | | | |
| --- | --- | --- | --- | --- |
| **Company Name & Address** | **Kind of Work** | **Dates**  **(From/To)** | **Pay Rate** | **Reason for Leaving** |
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| U S Military service | | | | | | |
| Branch of Service: |  | | | Dates From/To |  |  |
| Rank & Type of Service: | |  | | | | |
| Training/Experience Received: | | |  | | | |

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| references (Do not include relatives) | | | | |
| Name | Occupation | Years Known | Address | Phone |
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| employment | | | | | | | | | | | | | | |
| Type of work Desired | | | | |  | | | | | | | Pay Rate Desired | |  |
| How were you referred to our Company? | | | | | | |  | | | | | | | |
| Do you have any relatives who are Employed by this Company? | | | | | | | Yes |  | No |  | Please Specify: | |  | |
| Is there any information we would need about your name, or use of another name, for us to be able to check your work record? | | | | | | | | | | | | | | |
| Yes |  | No |  | Please Specify: | |  | | | | | | | | |
| Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc. | | | | | | | | | | | | | | |
| Yes |  | No |  | Please Specify: | |  | | | | | | | | |

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| Applicant’s statement | | | |
| I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.  I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.  I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.  I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. | | | |
| Signature |  | Date |  |