



# 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 Initial)
Address: _____	
(Street)	
(City)	(State) (Zip Code)
Phone: _____	Cell Phone: _____
Email Address: _____	
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

U S MILITARY SERVICE			
Branch of Service:		Dates From/To	
Rank & Type of Service:			
Training/Experience Received:			

REFERENCES (DO NOT INCLUDE RELATIVES)				
Name	Occupation	Years Known	Address	Phone

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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	Please Specify:		

APPLICANT'S STATEMENT	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Signature	Date