

**EMPLOYMENT APPLICATION
PINES OF PEACE, INC**

Pines of Peace is an equal opportunity employer and adheres to the principles and practice outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but receipt does not imply that the applicant will be hired. Each question should be answered in a complete and accurate manner. No action will be taken on this application until all questions are answered.

Date: _____

Name: _____

Current Address: _____

Social Security No. _____ Are you over 18? ____ Yes ____ No

Telephone Number: _____

Emergency Contact: _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.?
_____ Yes _____ No

Have you been convicted of a crime (excluding minor traffic violation) including DWI?
_____ Yes _____ No

If Yes, state offense, location, date and disposition _____

Driver License: _____ bring to interview - photo copy will be made

EMPLOYMENT DESIRED

Position applying for: _____

_____ full time _____ per diem

Desired Salary: _____

Available start date: _____

Have you previously applied to Pines of Peace? _____ Yes _____ No

Have you previously worked for Pines of Peace? _____ Yes _____ No

If yes, state when and where you applied and/or worked _____

How did you hear about employment opportunity? _____

Special Skills (such as languages, sign, play instrument): _____

Why are you interested in employment and what qualifications do you feel you bring to Pines of Peace? _____

EDUCATION

Name, Address	Dates	Graduate	Course Study
High School	From: To:	___ Yes ___ No	Diploma: _____
College	From: To:	___ Yes ___ No	Degree: _____
Trade School	From: To:	___ Yes ___ No	Certification: _____

List specialized training: and/or certifications: _____

HEALTH

Do you have any physical limitations or illness that may limit your ability to perform the job for which you are applying? _____ Yes _____ No
If yes, describe: _____

Date of last physical exam _____ results _____

Days lost to illness in last 2 years: _____

Illness/ Reason: _____

Have you ever been injured on a job? _____ Yes _____ No

Type / Cause of Injury	Date of Injury	Employed by
_____	_____	_____

Will you abide by the safety rules of Pines of Peace _____ Yes _____ No

Are you willing to take a physical exam and/or a drug test? _____ Yes _____ No

Have you ever received treatment for alcohol or substance abuse? ___ Yes _____ No

WORK HISTORY

Employer _____
Address _____
_____ Dates Employed
From: _____ To: _____
Mo: _____ Mo. _____
Telephone _____ Year _____ Year _____
Title: _____
Duties: _____
Reason for leaving: _____

Employer _____
Address _____
_____ Dates Employed
From: _____ To: _____
Mo: _____ Mo. _____
Telephone _____ Year _____ Year _____
Title: _____
Duties: _____
Reason for leaving: _____

Employer _____
Address _____
_____ Dates Employed
From: _____ To: _____
Mo: _____ Mo. _____
Telephone _____ Year _____ Year _____
Title: _____
Duties: _____
Reason for leaving: _____

Are you presently employed _____ Yes _____ No

REFERENCES (3)

NAME	ADDRESS	PHONE	OCCUPATION
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and if employed, would be cause for termination. I agree that Pines of Peace shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the companies, schools or persons named to give information regarding my employment, and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to Pines of Peace any information regarding treatment rendered now and in the future. I further understand that drug tests are a condition of employment and refusal to take such test is subject to termination. I understand that no person is authorized to enter into any written or verbal employment contracts on behalf of Pines of Peace without the express written consent of the Director.

Signature _____ Date _____

