



PINNACLE

communications

Employment Application

APPLICANT INFORMATION													
Last Name					First			M.I.	Date				
Street Address							Apartment/Unit #						
City					State			ZIP					
Phone					E-mail Address								
Position Applied for							Date Available for Work						
Are you able to work full time / part time or either?	Full	<input type="checkbox"/>	Part	<input type="checkbox"/>	Either	<input type="checkbox"/>							
Are you currently on "layoff" or subject to recall?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									
Do you have a valid driver's license?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									
Can you travel if the job requires it?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain								
If you are under 18 years of age, can you provide required proof of eligibility to work?										YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
EDUCATION													
High School					Address								
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
College					Address								
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				
Other					Address								
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree				
MILITARY SERVICE													
Branch							From		To				
Rank at Discharge													

REFERENCES					
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Please list three professional references.

Full Name		Relationship			
Company		Phone			
Address					
Full Name		Relationship			
Company		Phone			
Address					
Full Name		Relationship			
Company		Phone			
Address					

EMPLOYMENT EXPERIENCE					
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Company		Phone			
Address		Supervisor			
Job Title		Start Date		End Date	
Responsibilities					
Reason for Leaving					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company		Phone			
Address		Supervisor			
Job Title		Start Date		End Date	
Responsibilities					
Reason for Leaving					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company		Phone			
Address		Supervisor			
Job Title		Start Date		End Date	
Responsibilities					
Reason for Leaving					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		



DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

PLEASE READ CAREFULLY AND SIGN, INDICATING THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Pinnacle Communications to investigate, without liability, all statements contained in this application and supporting materials. I authorized references and former employers, without liability to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Pinnacle Communications serve atwill, and the employment relationship may be terminated at any time by either party, or for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with the company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular basis, I understand that I would be required to make mandatory contributions to the Pinnacle Communications retirement program, if applicable. I understand that any benefits that I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represents a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature		Date	
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Please list any other qualifications, or specialized skills below. (Computers, Heavy Equipment, Telecommunications Equipment, and other Credentials, Licenses, etc.)

