

PIERCE ASSOCIATES, INC. EMPLOYMENT APPLICATION

TO APPLICANT: Please answer all questions completely. If you need help completing this application, please request assistance from a member of this office. Pierce Associates, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, marital status, pregnancy, age or disability. Information provided on this application will not be used for discriminatory purposes. You must complete all sections of this form.

Your application is current only 30 days. If you have not heard from us by that time and still wish to be considered for employment with Pierce Associates, you must fill out a new application.

PERSONAL INFORMATION	
Name: _____ <small style="display: block; text-align: center; margin-top: -10px;">Last First Middle</small>	Today's Date: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Present Address: _____ <small style="display: block; text-align: center; margin-top: -10px;">Street City State Zip Code</small>	
Home Telephone: () -	Work Telephone: () -
Social Security No.: - -	
Other Names Under Which You Have Been Known: _____	
Veteran Status: Vietnam Era <input type="checkbox"/> Disabled <input type="checkbox"/> Other <input type="checkbox"/>	
Are You a Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what union? _____	
Position Applied For: _____	Date You Can Start: _____
Salary Desired: _____	Have You Applied for Employment with Pierce Associates before?: _____ If yes, when?: _____
Do you have the legal right to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older?: <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:	
Name: _____	
Address: _____	
Telephone Number: () -	
Have you been convicted of a felony or misdemeanor in the past 5 years?:* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any criminal charges or proceedings pending against you?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" to either of these questions, please explain (date, location, nature of offense, disposition of case): _____ _____ _____	
* A criminal offense will not necessarily bar employment, but certain aspects of our business require us to determine whether your record is job related. Factors such as the passage of time since the offense, nature of the violation and extent of rehabilitation will be taken into account in determining whether the offense is relevant to this application.	

EMPLOYMENT INFORMATION

Starting with the present or most recent, please list your last four employers. Include all self-employment, summer or part-time employment. If more space is required, please continue on a separate sheet.

Last or Present Employer:		Job Title:	
Street Address:		Brief Description of Job Duties:	
City, State, Zip Code:			
Supervisor's Name, Title and Phone Number:			
Salary:		Dates Worked:	
Start:	End:	From:	To:
Reason for Leaving:			
Name of Company:		Job Title:	
Street Address:		Brief Description of Job Duties:	
City, State, Zip Code:			
Supervisor's Name, Title and Phone Number:			
Salary:		Dates Worked:	
Start:	End:	From:	To:
Reason for Leaving:			
Name of Company:		Job Title:	
Street Address:		Brief Description of Job Duties:	
City, State, Zip Code:			
Supervisor's Name, Title and Phone Number:			
Salary:		Dates Worked:	
Start:	End:	From:	To:
Reason for Leaving:			
Name of Company:		Job Title:	
Street Address:		Brief Description of Job Duties:	
City, State, Zip Code:			
Supervisor's Name, Title and Phone Number:			
Salary:		Dates Worked:	
Start:	End:	From:	To:
Reason for Leaving:			

U.S. MILITARY SERVICE

Branch of Service: _____ Rank: _____

EDUCATION

Type of School	Name & Address of School	Subjects Studied	Did You Graduate?	Type of Diploma, Degree or Certificate
High School or Equivalency Degree				
College				
Trade, Business or Vocational School				

REFERENCES

List three persons not related to you, whom you have known for at least one year

Name	Address	Telephone	Business / Occupation	Years Known

ACKNOWLEDGEMENT

I certify that all information on this application is true and complete. I understand that any misrepresentation or omission of facts may be considered cause for rejection of my application or termination of my employment regardless of whether the information may have affected the employment decision. I authorize investigation of all statements contained in this application. I authorize the use of any information in this application to verify my statements, and I authorize public authorities, past employers, references, and any other persons to answer all questions asked concerning my criminal record, ability, character, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this application or in the granting of an interview, or any handbook, manual or benefit plan is intended to create a contract for either employment or the provision of any employment benefit. No promises regarding employment have been made to me and I may not rely upon any statement to the contrary. I understand that I have the right to terminate my employment at any time with or without cause and that Pierce Associates retains a similar right.

I further understand that, if employed, I will be required to comply with all rules, policies, procedures, required tests or examinations, and work assignments, and that they may be modified, changed or eliminated at any time.

I understand that any offer of employment is conditional upon the Company being provided with all information requested, such as job references, driving record, proof of eligibility to work, ability to safely and competently perform the essential functions of the job, results of drug tests or other job related tests, etc., and that results of such tests or information must satisfy all requirements for employment.

If employed, I further authorize that any pay or benefit which is advanced to me before it is earned and fully accrued, and/or any sum charged by the Company for goods or services received by me or on my behalf for which I have not paid or for Company property not returned may be withheld from any pay or benefit which might otherwise be due to me at the time of termination of employment.

NOTE: This application will only be considered for 30 days. If you are not employed by Pierce Associates during that period, it will be necessary for you to file a new application form with us for further consideration.

Signature Date