



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
23623 N SCOTTSDALE RD
Scottsdale, Az 85255

Check out our website:
www.pinnaclepeakace.com

NAME – LAST(Please PRINT CLEARLY)	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:		
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER:	Hours you wish to work/week:		
Please indicate hours you are available to work:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

EDUCATION				SKILLS	
NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE	<input type="checkbox"/> POS / CASHIER	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL			YES NO	<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
COLLEGE			LIST DEGREE	<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
GRAD. SCHOOL				<input type="checkbox"/> LOCK SERVICES	<input type="checkbox"/> MS Word
OTHER SCHOOL OR CERTIFICATIONS				<input type="checkbox"/> Fluent in foreign Language: _____	
				<input type="checkbox"/> SCREEN REPAIR	
				<input type="checkbox"/> EXCEL	<input type="checkbox"/> QUICKBOOKS

EMPLOYMENT HISTORY

Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. **MAY WE CONTACT YOUR CURRENT EMPLOYER?:** YES NO

EMPLOYER (Latest First)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				

(Complete Other Side)

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN	WHERE	
Do you have any relatives employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state person's name, job and employment location. _____				

GENERAL INFORMATION

If hired, can you furnish proof of age? YES NO If, hired, can you furnish proof you are legally entitled to work in U.S.? YES NO

How did you hear of our Company? Employee Referral _____ Walk In Advertising Agency _____ other _____
name of employee name

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our Company?

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application in writing.

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorize Ace Hardware to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Ace Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

If I am offered a position with the Company, I agree to conform to the applicable rules, regulations and policies of the Company, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the Company or myself. I further understand that no representative of the Company has any authority to make any agreement contrary to the foregoing or to bind the Company for the employment of any person for any specified period of time.

Date _____ Applicant's Signature _____

You must fill in your own application and fully complete this application in order to receive proper consideration.