

Application for Employment

Name

Date

Please Indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions, please do not list "any."

Position

Position

Position

Employment Application

Instructions: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed, and you will be given thorough consideration for the position(s) for which you have applied. Upon employment this application will become part of your permanent record at Pioneer Direct Marketing/Pen Point Technologies. Keep that in mind as you complete it.

Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Pioneer Direct Marketing/Pen Point Technologies does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status citizenship, age, disability, veteran status or any other legally protected class. You may request assistance in completing this application.

Applicant Information

Full Name:						Data		
	Last	First			M.I.	Date:		
Address:								
	Street Address					A	Apt/Unit #	
	City				Chata			
Dhanaa	City		Encili		State	ZIP Cod	e	
Phone:	()		Email:					
Date Available:						Desired	Salary: \$	
Position Type:	Regular Full-time	Regular Part-time		Tempora	ry/Seasonal	As Need	led	
Are you legally e	entitled to work in th	e United States? <i>I-9 complia</i>	nce is ma	andato	ry upon employr	nent.	YES NO	
Have You ever w	vorked for this comp	YES NO any? 🗌 🗍 If YES, wh	en?					
If convicted of ci	rimes, please explair	here: NO Convictions						
(A criminal convicti	on may or may not prof	ibit you from employment here).						
Have you ever b	een convicted of a m	Noving traffic violation? \Box	NO □ If	YES, lis	st all here:			
Have your drivin suspended?	g privileges ever bee	en revoked or YES	NO □ If	YES, lis	st when and why	/?		
Education								
High School:		Address:						
			VEC	NO				
From:	То:	Did you graduate?	YES	NO	Diploma:			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Please initial here t accredited college		ge degree was earned through th	ne actual co	ompleti	on of college level	course work a	ind confirmed	by an
Othory		۵ ما ما مر]
Other:		Address:						
			YES	NO				

Did you graduate?

To:

From:

Degree:

References

Please list three professional references.			
Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
company.	r none.		
Address:			
Previous Employment			
Company:	Phone:		
• • •			
Address:	Supervisor:		
Job Title: Starting Salary: \$	Ending Sala	ary: \$	
		Υ	
Responsibilities:			
From: To: Reason for Leaving:			
May we contact your previous supervisor for a reference?			
Company:	Phone:		
Address	Supervisory		
Address:	Supervisor:		
Job Title: Starting Salary: \$	Ending Salary: \$		
Responsibilities:			
From: To: Reason for Leaving:			
May we contact your previous supervisor for a reference? YES NO			

Company:	Phone:										
Address:	Supervisor:										
Job Title: Sta	arting Salary: \$ Ending Salary: \$	Ending Salary: \$									
Responsibilities:											
From: To:	Reason for Leaving:										
May we contact your previous supervisor for a reference?											
Military Service Not Applicable Branch:	From: To:										
Rank at Discharge:	Type of Discharge:										
If other than honorable, explain:											
General Employment Information											
List Equipment for which you have training:											
Monday to Indicate Hours Available:	Tuesday Wednesday Thursday Friday Saturday tottotototototototottoto	Sunday to Any time									
Which of the following are you available to work?	1st 2nd 3rd Weekend Holiday										
Are you able and willing to perform the essential functions of the job for which you are applying, including travel if necessary?	If known, please explain reason and accommod Don't YES NO Know	ation needed:									
Are you currently under a Non-compete agreement that will prevent you from working for any business in our industry?	YES NO If YES, please explain and list the date the agreement exp	ires:									

Conditions of Employment

- *I.* The facts as stated on this application are true and correct. I understand that if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize whatever background and personal reports needed to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- *III.* I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will and that this application is not a contract of employment with Pioneer Direct Marketing/Pen Point Technologies and that my employment and compensation can be terminated with or without cause, at any time, at the option of either Pioneer Direct Marketing/Pen Point Technologies or me. I understand that no representative of this company has the authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of this company, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and a Managing Partner of Pioneer Direct Marketing/Pen Point Technologies.
- V. I understand that I will be required to submit to pre-employment and/or post-employment test for fitness and/or substance abuse if not prohibited by law.
- VI. Upon Separation of employment I authorize Pioneer Direct Marketing/Pen Point Technologies to withhold from my final paycheck any monies owed by me for equipment, loans, products, services, benefits advanced that I have not earned, materials or other assets in my possession not promptly returned or repaid as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.

Signature: