



5425 E. Home Ave. #104 • Fresno, CA 93727 • (559) 320-1221 • (559) 320-1229 fax

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

We are pleased that you are seeking employment with Pinnacle Armor. Applicants are considered without regard to race, color, religion, sex, age or national origin, or any factors prohibited by local, state, or federal law.

We are proud to be an Equal Opportunity/Affirmative Action Employer.

Please fill out this application completely and attach a resume with it. **DO NOT** fill in any areas with “see resume”. Complete application in its entirety.

## PERSONAL

Last Name First Name M.I. SSN # DOB

If you have ever used a different name, please list name(s) used: \_\_\_\_\_

Explain: \_\_\_\_\_

Present Address Apt. # City State Zip Code

Permanent Address Apt. # City State Zip Code

Home Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Have you ever been in the military?  No  Yes Branch \_\_\_\_\_ Rank \_\_\_\_\_

List years you served \_\_\_\_\_

Special Skills acquired \_\_\_\_\_

Have you ever been employed by Pinnacle Armor?  No  Yes Date: \_\_\_\_\_

Are you related to anyone currently employed by Pinnacle Armor?  No  Yes

Name(s) \_\_\_\_\_

How were you referred to Pinnacle Armor?  Advertisement  Agency  Friend  Other \_\_\_\_\_

Please Explain \_\_\_\_\_

Have you ever applied for employment with Pinnacle Armor?  No  Yes Date: \_\_\_\_\_

Are there any circumstances that would inhibit you from performing this job properly?  No  Yes

If Yes, Explain \_\_\_\_\_

Have you ever been convicted of a Felony crime?  No  Yes If Yes, explain (A conviction will not necessarily disqualify you from employment.) \_\_\_\_\_

Are you a United States citizen?  Yes  No

Are there any medications you are currently taking that we need to be aware of?  No  Yes

List: \_\_\_\_\_

Have you ever been seriously injured?  Yes  No

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**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_

Date Available: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Per  Month  HourAre you interested in:  Full Time  Part Time

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**EXPERIENCE**

List last six (6) employers, starting with most recent, or go back 10 years.

MAY WE CONTACT YOUR CURRENT EMPLOYER?  Yes  No*If No, explain:* \_\_\_\_\_**Name and Address of Employer:**

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Company Name Contact Name Phone Number

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Address City State Zip

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per  hr.  mo.  year Ending Salary: \_\_\_\_\_ per  hr.  mo.  year

Reason For Leaving: \_\_\_\_\_

**Name and Address of Employer:**

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Company Name Contact Name Phone Number

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Address City State Zip

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per  hr.  mo.  year Ending Salary: \_\_\_\_\_ per  hr.  mo.  year

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Reason For Leaving: \_\_\_\_\_

**Name and Address of Employer:**

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Company Name	Contact Name	Phone Number
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Address	City	State	Zip
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per hr. mo. year Ending Salary: \_\_\_\_\_ per hr. mo. year

Reason For Leaving: \_\_\_\_\_

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Company Name	Contact Name	Phone Number
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Address	City	State	Zip
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per hr. mo. year Ending Salary: \_\_\_\_\_ per hr. mo. year

Reason For Leaving: \_\_\_\_\_

**Name and Address of Employer:**

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Company Name	Contact Name	Phone Number
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Address	City	State	Zip
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per hr. mo. year Ending Salary: \_\_\_\_\_ per hr. mo. year

Reason For Leaving: \_\_\_\_\_

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**EDUCATION**

Begin with Grammar School and include any military or trade schools you may have attended.

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Name of Grammar School	City	State
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Name of High School	Address	City	State	Zip
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Did you Graduate? Yes No GED Years Attended: \_\_\_\_\_

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## UPPER EDUCATION / TRADE SCHOOLS

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Name of School	Address	City	State	Zip
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Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
Degree/Certificate: \_\_\_\_\_

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Name of School	Address	City	State	Zip
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Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
Degree/Certificate: \_\_\_\_\_

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Name of School	Address	City	State	Zip
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Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
Degree/Certificate: \_\_\_\_\_

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## SKILLS

Typing Speed: \_\_\_\_\_ Word Processing:  No  Yes

List any applicable licenses or certifications you hold: \_\_\_\_\_

Other Computer Skills: \_\_\_\_\_

Other position applicable skills: \_\_\_\_\_

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## REFERENCES

Name three (3) individuals we may contact who have knowledge of your performance and experience, preferably former supervisors.

1.) \_\_\_\_\_  
Last Name First Name M.I. Relationship Phone Number  
\_\_\_\_\_  
Address City State Zip

2.) \_\_\_\_\_  
Last Name First Name M.I. Relationship Phone Number  
\_\_\_\_\_  
Address City State Zip

3.) \_\_\_\_\_  
Last Name First Name M.I. Relationship Phone Number  
\_\_\_\_\_  
Address City State Zip

