

Completion and satisfactory verification of all information on this application is a condition of employment.

Please Type or Print Legibly

Personal Contact Information						
Name: _____						
Last Name		First Name		Middle Name	Maiden/Other Names You Have Used	
Address: _____						
Street Address		Apartment/Suite	City	State	Zip Code	+ 4
Home Phone: () -	Area Code	Telephone Number	Work Phone: () -	Area Code	Telephone Number	Ext. #
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Address: _____						
Street Address		Apartment/Suite	City	State	Zip Code	+4
Previous Address: _____						
Street Address		Apartment/Suite	City	State	Zip Code	+4
Social Security #: _____			Although voluntary at this time, disclosure of your Social Security Number will be required to conduct a criminal background should PENTA extend you a conditional offer of employment.			

Other General Information	
If PENTA offers you employment, can you submit proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Verification and completion of I-9 form must be submitted no later than three (3) business days after date of hire.)</i>	
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been previously employed by PENTA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor that has not been dismissed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Criminal conviction does not necessarily preclude employment. To help us evaluate your application, describe the crime(s) and any subsequent rehabilitation below.</i>	
Date of crime(s):	____ / ____ / ____
	<i>Month/Year, Month/Year</i>
	<i>Circumstances of offense(s), describe any rehabilitation you completed, etc.</i>
Are you related to any PENTA employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	_____
Relation to you:	_____
<i>If "Yes," provide name(s) and indicate nature of relationships</i>	

The Position for Which You Are Applying and Your Availability for Work					
Position(s) for which you are applying					Date you can start: _____ / _____ / _____
					Month Day Year
Employment Desired:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check any that apply to you</i>	<i>Full-time only</i>	<i>Part-time only</i>	<i>Full-time or Part-time</i>	<i>Temporary</i>	<i>Summer/Extern</i>
How did you learn of this opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Newspaper (which?)</i>	<i>PENTA employee (name)</i>	<i>Internet (which site?)</i>	<i>Other (indicate source)</i>	
If driving is a requirement of the job you may be offered, do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to the question above, please provide this information:	➡ _____				
	State		Driver's license #		

U. S. Military Service			
Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the National Guard/Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(application continues on reverse)

Education and Certification(s)						
Check highest level completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High School/GED	Associates'	Bachelor's	Master's	MD/Doctorate	None of these
High School:	Name		Street Address	City	State	Highest grade completed
Jr. College:	Name		City	State	Certificate or Degree earned	
College:	Name		City	State	Degree earned	Major
Grad School:	Name		City	State	Degree earned	Major

Employment History (start with your CURRENT or MOST RECENT employer and work back)						
Name of Employer:	Legal Business Name		Dates employed:	___ / ___ to ___ / ___	Month/year Month/Year	
Address:	Street Address		Suite	City	State	Zip Code
Position held:	Indicate official job title		Supervisor:	Name of your last supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ending salary:	\$___/hr.	or \$___/yr.	Reason for leaving:	Please be SPECIFIC!		
	Hourly rate of pay	Annual salary				

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Ending salary:	\$___/hr.	or \$___/yr.	Reason for leaving:	Please be SPECIFIC!		
	Hourly rate of pay	Annual salary				

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Address:	Street Address		Suite	City	State	Zip Code
Position held:	Indicate official job title		Supervisor:	Name of your last supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ending salary:	\$___/hr.	or \$___/yr.	Reason for leaving:	Please be SPECIFIC!		
	Hourly rate of pay	Annual salary				

Use additional sheets of paper if needed to provide the information above for additional previous employers.

Waiver and Release			
<p>By signing below, I attest that I have read this employment application and fully understand it. I also certify that all of the information I provide on this application is a complete and true statement of facts and I understand that if any misrepresentations, omissions, or falsifications are discovered at any time, such discovery may result in the rejection of my application for employment or dismissal from employment. I also authorize PENTA, through any employee(s) it may designate, to verify all statements contained in my application. Neither the receipt of my completed application nor the subsequent entry into any type of employment relationship between myself and PENTA shall serve to create an actual or implied contract of employment.</p>			
Date: ___ / ___ / ___		Month Day Year	
Print your name above	Sign your name above		

Employment History (start with your CURRENT or MOST RECENT employer and work back)

Name of Employer: _____ Dates employed: ___ / ___ to ___ / ___
Legal Business Name *Month/year* *Month/Year*

Address: _____
Street Address *Suite* *City* *State* *Zip Code*

Position held: _____ Supervisor: _____ Yes No
Indicate official job title *Name of your last supervisor* *May we contact?*

Ending salary: \$_____/hr. or \$_____/yr. Reason for leaving: _____
Hourly rate of pay *Annual salary* *Please be SPECIFIC!*

Name of Employer: _____ Dates employed: ___ / ___ to ___ / ___
Legal Business Name *Month/year* *Month/Year*

Address: _____
Street Address *Suite* *City* *State* *Zip Code*

Position held: _____ Supervisor: _____ Yes No
Indicate official job title *Name of your last supervisor* *May we contact?*

Ending salary: \$_____/hr. or \$_____/yr. Reason for leaving: _____
Hourly rate of pay *Annual salary* *Please be SPECIFIC!*

Name of Employer: _____ Dates employed: ___ / ___ to ___ / ___
Legal Business Name *Month/year* *Month/Year*

Address: _____
Street Address *Suite* *City* *State* *Zip Code*

Position held: _____ Supervisor: _____ Yes No
Indicate official job title *Name of your last supervisor* *May we contact?*

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