

Email Application to MandyR@pinnacleozone.com

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, martial status, ethnicity, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs and services and employment is available to all qualified applicants. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position Applied For		Date of Application:	Desired Salary	
Print full name				
Street Address		City	State	Zip
Main Phone Number	Alt Phone Number	Email Address		
JOB REQUIREMENTS:	,			
U.S. persons as defined b you a U.S. citizen or lawfu	y ITAR (U.S. citizens, lavul permanent resident?	vful permanent residents, or Yes No Und Check, Arrest Inquiries a	individuals gran	nerefore, all applicants must be ted asylum/refugee status). Are anel drug test. Do you agree to
Employment Exper	•	er of employment with Pinnac	cle Ozone Soluti	ons? □ Yes □ No
List the names of your pro	esent or previous emplo periods of time. If self- ary.	oyers in chronological order v employed, give company nan		nost recent employer listed first. usiness references. Add an
Name of Employer		ervisor's Name	Mav w	ve contact?
F 272				
Street Address	City		State,	Zip
Phone Number Da		ites Employed (Month/Year)		
	Fror	1:	To:	
Job Title & Duties	Reas	on for Leaving		

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JOB #2		
Name of Employer	Supervisor's Name	May we contact?
Street Address	City	State, Zip
Phone Number	Dates Employed (Month/Year)	
	From:	То:
Job Title & Duties	Reason for Leaving	
JOB #3		
Name of Employer	Supervisor's Name	May we contact?
F - 7 -	100	.,
Street Address	City	State, Zip
Phone Number	Dates Employed (Month/Year)	
	From:	То:
Job Title & Duties	Reason for Leaving	
JOB#4		
Name of Employer	Supervisor's Name	May we contact?
Street Address	City	State, Zip
Phone Number	Dates Employed (Month/Year) From:	То:
	From.	10.
Job Title & Duties	Reason for Leaving	
	I	
Have you ever been involuntaril	ly terminated or asked to resign from any jo	b? □ Yes □ No

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If yes, explain:						
Explain any gaps in your e	employment histo	ory:				
List any other experience,	job related skills	s, additio	nal languages, or other c	qualificatio	ons that you belie	ve should be considered.
EDUCATION Describe your educationa	l background in t	he table	provided below.			
	School Name		Diploma/Degree (Yes/No)	Area o	f Study/ Major	Specialized training/ skills, or extracurricular activities
High School						
College, University						
Graduate/Professional School						
Trade School						
Other						
Business & Professio List three professional ref			o are <i>not</i> related to you.			
Name and title		Relatio	nship		Phone Number	or Email
Personal References List three people who kno		1				
Name and title		Relatio	nchin		Phone Number	or Email
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Genera	l Information
1	Have you ever

Genera	l Information
1.	Have you ever used another name? ☐ Yes ☐ No
2.	Is any additional information relative to name changes, use of an assumed name or nickname necessary to enable a
	check on your work and educational record? ☐ Yes ☐ No
	If yes to either of the above, explain:
3.	Have you ever worked for this company before? ☐ Yes ☐ No
4.	Do you have friends and/or relatives working for this company? ☐ Yes ☐ No
	If yes, name(s) and relationship(s):
5.	On what date are you available to begin work?
6.	Are you available to work? Full Time Part Time
7.	If hired, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No
8.	Can you travel if the position requires it? ☐ Yes ☐ No
9.	Are you at least 18 years old? ☐ Yes ☐ No
	Are you able to perform the essential job functions of the job for which you are applying with or without reasonable
	accommodation? ☐ Yes ☐ No
	Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that
	may be necessary for qualified applicants/employees to perform essential job functions.
Applican	t Statement and Agreement
Read and	I initial each paragraph below. Ask if there is anything that you do not understand.
	I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my
	suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and
	all letters, reports and other information related to work records, without giving me prior notice of such disclosure. In addition, I
	$hereby\ release\ the\ company,\ my\ former\ employers,\ and\ all\ other\ persons,\ corporations,\ partnerships,\ and\ associations\ from\ any\ and$
	all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
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	In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the
	company.
	If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to
	continue the employment relationship for any specific term. I further understand that the company or I may terminate the
	employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my
	employment cannot be amended, modified, or altered in any way by any oral modifications.
	I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a
	safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by
	observing all safety procedures and guidelines and following directions of my site supervisor. I understand and agree to comply with
	federal, state and local regulations related to on-the-job safety and health.
	I hereby certify that the answers given by me are true and correct to the best of my knowledge. I certify that I, the undersigned
	applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this
	application or on any document used to secure employment shall be grounds for rejection of this application or for immediate
	discharge if I am employed, regardless of the time elapsed before discovery.
	I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority
	to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard,
	Lundarstand that if any term provision or parties of this Agreement is declared usid or unenforceable, it shall be sourced, and the
	I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.
	Terrialider of this Agreement shall be enforceable.
My signa	ture attests to the fact that I have read, understand, and agree to all the above terms.
-	
Signature	2:
Name (P	rint):
Date:	