Pine
Habilitation
And
Supported
Employment, Inc.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Updated 10/2012

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐ NO ☐		
Have you ever worked for this company? YES ☐ NO ☐	If so, when?		
Have you ever been convicted of a felony? YES ☐ NO ☐	If yes, explain		

EDUCATION			
High School		Address	
From To	Did you graduate? YES ☐ NO ☐	Degree	
College		Address	
From To	Did you graduate? YES ☐ NO ☐	Degree	
Other		Address	
From To	Did you graduate? YES ☐ NO ☐	Degree	

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

After completing, please save and/or print this application. You may email your attached application to employment@pinehab.org or you may fax your application to 320.245.0431.

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
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	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	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
WHERE DID YOU LEARN ABOUT THIS POSITION?	
Referral (Who)	Other (List)
DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

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