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PINPOINT PERSONNEL
Employee Staffing

Last Name: First: Middle: Phone#: Alt #:	**For Office Use Only**
Address: Apt/Suite: City: State Zip :	Date Available: CO:
Last 6 numbers of Social. Security: XXX - ____ - _____ 18 or Over? Yes☐ No☐ If no, age: Convicted of a felony? Yes☐ No☐ Conviction Information:	Min. Pay: AP:
Education	Work Preferences: BD:
High School Graduate / GED: Yes☐ No☐ College / Trade School: Degree/Trade:	
Work History – List temporary & full time positions	Nonni's Video: Yes / No Date:
(1) Current or most recent employer: From to	FH PERMIT EXP DATE:
Job Description / Duties: Pay Rate:	Referred by:
Phone #: Reason For Leaving:	Days /Hours/Shifts Available:
Reference:	
(2) Previous Employer: From to	Misc. Info/Comments:
Job Description / Duties: Pay Rate:	
Phone #: Reason For Leaving:	Employee ID #
Reference:	Interviewed by:
(3) Previous Employer: From to	Test (circle): V / F Date: By:
Job Description / Duties: Pay Rate:	**Contact Information**
Phone #: Reason For Leaving:	**Date** / **Action** / **By**
Reference:	
(4) Previous Employer: From to	
Job Description / Duties: Pay Rate:	
Phone #: Reason For Leaving:	
Reference:	
(5) Previous Employer: From to	
Job Description / Duties: Pay Rate:	
Phone #: Reason For Leaving:	
Reference:	

Applicant/Employee Authorization: By my signature below I agree to the following: (A) Pinpoint Personnel may verify my work / personal history for employment purposes only. (B) I will notify PINPOINT PERSONNEL within 24 hours upon completion of each assignment or they may assume I no longer need work. (C) I understand that falsification, omission or misrepresentation of this application will void my application &/or result in termination. (D) I understand that my hourly wage may be adjusted to minimum wage should I quit my assignment before the completion date without giving two working days notice. (E) Pinpoint Personnel has informed me in writing of their "Policy's & Procedures" and I agree to abide as defined. Please see Health Insurance information on the back of this form.

Applicant Signature: ➡ X Date:

Work Assignments (For Office Use Only)

Start Date	Client	Position	Assign #	Supervisor	Duration	Pay/Bill Rate	End Date	Comments