

Current licenses/registrations (Indicate types and dates received): _____

Fill out only if applying for a position which requires a drivers license.

Driver's License: No. _____ State _____

Any Driving restrictions _____

LIST ANY MOVING VIOLATIONS IN THE PAST FIVE YEARS: _____

EMPLOYMENT RECORD: Please indicate previous employment. Start with present or most recent position, including military service. Use additional sheets it necessary,

Employer:				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: City and State: _____				Business Phone No. _____		Part Time <input type="checkbox"/>	
Starting Date Mo. I Yr.		Leaving Date Mo. I Yr.		Starting Base Salary		Ending Base Salary	
Starting Position Title				Present or Last Title			
Immediate Supervisor's Name:				Briefly describe your duties and responsibilities:			
Explain reason for leaving							
Employer:				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: City and State: _____				Business Phone No. _____		Part Time <input type="checkbox"/>	
Starting Date Mo. I Yr.		Leaving Date Mo. I Yr.		Starting Wage		Ending Wage	
Starting Position Title				Present or Last Title			
Immediate Supervisor's Name:				Briefly describe your duties and responsibilities:			
Explain reason for leaving							
Employer:				Type of Business _____		Full Time <input type="checkbox"/>	
Mailing Address: City and State: _____				Business Phone No. _____		Part Time <input type="checkbox"/>	
Starting Date Mo. I Yr.		Leaving Date Mo. I Yr.		Starting Wage		Ending Wage	
Starting Position Title				Present or Last Title			
Immediate Supervisor's Name:				Briefly describe your duties and responsibilities:			
Explain reason for leaving							

Who were you referred by? _____

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and Individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that I must successfully pass a pre-employment drug testing prior to my employment. If I willingly terminate employment within six months of employment with Pinnacle Hospitality Inc. I will reimburse the Company for all expenses incurred for my pre-employment drug screen testing

I understand that, as this organization deems necessary, I may be requested to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

YOU MAY CONTACT:

Present Employer Yes No
Former Employer Yes No

Applicant's
Signature

Date