

**PINEAPPLE ACADEMY INC**  
**APPLICATION FOR EMPLOYMENT**

# PINEAPPLE ACADEMY INC

## APPLICATION FOR EMPLOYMENT

Pineapple Academy Inc. is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, disability, citizenship status, military status, genetic information and or any other characteristic prohibited under applicable Federal, state or local law.

This application shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information	
Name (Last, First, Middle)	Date of Application
Have you ever worked under another name? If so, enter below:	Telephone Number with Area Code
Present Address (Street, City, State, Zip)	County:
Permanent Address (If same as above, enter "same")	Telephone Number with Area Code
Email address:	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary	Date Available to Start:
Position Applying for:	Salary Requirements:

General Information		
<b>Please check yes or no:</b>	<b>Yes</b>	<b>No</b>
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to travel, if required in the job for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>
Are you lawfully authorized to work in the United States? <i>Proof of authorization on Form I-9 is required within the first 3 days of employment, if hired.</i>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, are you willing to relocate?	<input type="checkbox"/>	<input type="checkbox"/>
Are any relatives employed with us? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>

Training and Skills
Describe relevant experience, skills or training related to the position applied for:
Describe additional experience, training, skills (such as special machinery, word processing, IT proficiency, language skills, etc.), or other work-related experiences related to the position applied for:

EDUCATION					
Name	Location and Telephone	Course of Study	Graduate	Start Date and End Date/Graduation Date	Degree
Elementary			<input type="checkbox"/> Yes or <input type="checkbox"/> No		
High School/GED			<input type="checkbox"/> Yes or <input type="checkbox"/> No		
College – Undergraduate			<input type="checkbox"/> Yes or <input type="checkbox"/> No		
College - Post Graduate			<input type="checkbox"/> Yes or <input type="checkbox"/> No		
Technical/Vocational School or Training			<input type="checkbox"/> Yes or <input type="checkbox"/> No		

WORK EXPERIENCE (MOST RECENT)		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties		
Contact Person for this Company		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties		
Contact Person for this Company		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties		
Contact Person for this Company		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties		
Contact Person for this Company		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties		
Contact Person for this Company		

**\*\*Use back of sheet, if necessary, to provide full work history.**

REFERENCES			
Name	Company	Address/Phone	Relationship (eg. friend, neighbor, boss)
Name	Company	Address/Phone	Relationship
Name	Company	Address/Phone	Relationship
Name	Company	Address/Phone	Relationship

### READ CAREFULLY BEFORE SIGNING BELOW

*(Signature required in order to be considered for employment.)*

1. I understand that THE COMPANY will consider a request for reasonable accommodation, if necessary, either for purposes of the application process or as part of employment if hired. Such request will be evaluated by the Company and medical documentation of the need for accommodation may be required.
2. I understand that I may be required to submit to skills assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
3. I authorize THE COMPANY and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release THE COMPANY from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to THE COMPANY. I further understand that a separate background check may be performed as a condition of employment.
4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act, which includes completion of the Form I-9 within 3 days of the start of employment, if hired.
5. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application, separate resume, or in any interview is grounds for refusal to hire. If I am hired and the same is discovered thereafter, I may be terminated from employment. I understand that all information provided by me on this application, separate resume, or any interview information is subject to verification.
6. I understand that by completing this Application and/or any interview process, there is no actual or implied contract of employment, or promise of future employment, between THE COMPANY and me. I further acknowledge that if I am employed by THE COMPANY, my employment will be an employment-at-will relationship.

I certify that I understand the foregoing and hereby acknowledge receipt of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date