

PINE GROVE, INC
1500 Chestnut Rd., P.O. Box 100
Elgin, SC 29045

APPLICATION FOR AT-WILL EMPLOYMENT

Your interest in employment with Pine Grove is appreciated. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, veteran status, disability, or any other legally protected status. This application will remain active for 90 days.

Please print all information EXCEPT Signature.
Applicants may be tested for illegal drugs.

Application must be filled out in its entirety to be considered for employment

PLEASE COMPLETE PAGES 1-7.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Home Telephone () _____ Cell/Mobile Telephone () _____

Our employees are required to be at least 21 years old. Do you meet this requirement?
 YES NO

Position applied for (1) _____	Days/hours available to work
and salary desired \$ _____ per hour/ Annual	<input type="checkbox"/> No Pref <input type="checkbox"/> Thur _____
Position applied for (2) _____	<input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____
and salary desired \$ _____ per hour/ Annual	<input type="checkbox"/> Tue _____ <input type="checkbox"/> Sat _____
	<input type="checkbox"/> Wed _____ <input type="checkbox"/> Sun _____

How many hours can you work weekly? _____ Willing to work 1st 2nd 3rd Shift?

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

On what date would you be available for work? _____

All new hires must complete a two week training period before they begin to work. This training period will run Monday-Friday with times varying. Training pay will be at minimum wage. Please indicate below how this training period would affect your potential employment.

The two-week training period would not be a problem.

The two-week training would present a problem because:

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How Did You Learn About Us?

Newspaper Ad Walk-In Internet Employment Agency

Friend- *Please indicate Name:* _____

Have you ever filed an application with us before? YES NO If yes, give date _____

Have you ever been employed with us before? YES NO If yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Do you have a relative working at Pine Grove? YES NO **if you checked yes,**

Please indicate name and relationship: _____

Are you legally authorized to work in the United States? YES NO

Do you have any commitments to another employer that might affect your employment with us?

YES NO **if you checked yes, please explain:**

Are you currently on "layoff" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you been discharged for misconduct or unsatisfactory service or forced to resign from any organization? YES NO

An affirmative answer will not necessarily disqualify you from being considered as a candidate for employment.

If yes, please explain: _____

Pine Grove, Inc. conducts background checks on all new employees. The application asks whether or not you have been convicted of, pled guilty or pled nolo contendere (*declining to dispute or admit the fact of his or her guilt.*)Of any violation of the law. Convictions can also include misdemeanors such as fraudulent checks. *An affirmative answer will not necessarily disqualify you from being considered as a candidate for employment.* **If it is found that you have not listed all convictions, your request for employment may be denied and/or employment terminated if this information is not provided in an accurate and complete manner.**

CRIMINAL, TRAFFIC and/or CIVIL COURT RECORD: Have you been convicted of, pled guilty or pled nolo contendere to, an offense other than for a minor traffic violation? YES NO

If Yes, Date: _____ Place of offense: _____ Nature of offense: _____

All positions require a valid SC driver's license. There can be no more than 6 points currently against your driving record. DO YOU HAVE A DRIVER'S LICENSE? YES NO

Driver's license

number _____ **State of issue** _____ Operator Commercial (CDL)

Expiration date _____

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Have you had any accidents during the past three years? YES NO How many? _____
 Have you had any moving violations during the past three years? YES NO How Many? _____

Work Experience

Please list your work experience for the **past ten years** beginning with your **most recent job** held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____		
Address: _____		City: _____ State: _____
Zip Code: _____ Phone #: _____		
Your last job Title: _____	Employment dates From:	Pay or salary Start
Name of last Supervisor: _____	To	Final
Reason for leaving (be specific) _____		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____		
Address: _____		City: _____ State: _____
Zip Code: _____ Phone #: _____		
Your last job Title: _____	Employment dates From:	Pay or salary Start
Name of last Supervisor: _____	To	Final
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Address: _____		City: _____ State: _____
Zip Code: _____ Phone #: _____		
Your last job Title: _____	Employment dates	Pay or salary
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Name of last Supervisor: _____	From:	Start
Reason for leaving (be specific) _____	To	Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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Education	Name and *Address of School (*Must list City and State)	Did you Graduate?	Dates Attended From: To:	Diploma Degree Received
High School or HS Equivalency (GED)		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Undergraduate College		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Graduate Professional		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO		

References Please list two references other than relatives or previous employers.

1. **Name:** _____
Phone #: () _____
Address: _____

2. **Name:** _____
Phone #: () _____
Address: _____

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 90 days.
- I authorize the release of such information as my work, school, criminal, and other information as needed to determine my qualifications and fitness for the position I am seeking with Pine Grove, Inc.
- I hereby consent to drug testing as may be requested in the application process at the expense of Pine Grove, Inc.
- I hereby understand and acknowledge that, if hired, my employment relationship with Pine Grove, Inc. would be of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time and for any or no reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Applicant Data Record

(This is an optional form)

Qualified applicants are considered for all positions and are treated without discrimination as to race, color, religion, sex, national origin, age, marital status, medical condition or disability.

The information requested below is needed for state and federal reporting. This information will be kept in a confidential file within the Human Resources Department.

Date of Birth: _____
Month / Day / Year

Sex: Female Male

Ethnic Background (please check only one)

American Indian/Alaskan Native

Asian American/ Pacific Islander

Black/ African American

Hispanic/Latino

Caucasian/White

Other