

Application for Employment
Pioneer Equipment Company
8515 Baymeadows Way, Suite 201
Jacksonville, Florida 32256
Phone: +1-904-732-2151 Fax: +1-904-732-2152

Please print in ink. All portions of the application must be completed.

Application date:

LAST	FIRST	MIDDLE
		DATE OF BIRTH

Have you ever worked under a different name? ☐ Yes ☐ No if "Yes", what name?

Address:

Street	City	State	Zip
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Home Telephone: ()

Cell Phone: ()

Social Security Number:

(If hired, you will be required to show your Social Security Card to verify this number)

If hired, on what date can you start?

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or you have any criminal charges pending?

☐ Yes ☐ No If "Yes", please give date, location and details of each:

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and position applied for will be taken into account.

Have you had a suspension/probation of your Driver's License within the last five years?

☐ Yes ☐ No

List any traffic violations in the last three years (Driving records will be checked). Note that if hired, you will be required to show your Driver's License to verify number.

If employed, can you furnish a proof that you are legally entitled to work in the USA?

☐ Yes ☐ No

Have you ever been discharged or asked to resign from any previous enjoyment?

☐ Yes ☐ No

STATE LICENSING REQUIREMENTS

The laws of some states may require that you are licensed to work in certain positions with the Company. In such cases, applicants who do not hold the license required for a position at the time of the application will not be considered for that position.

Are you applying for a position which requires a license?

☐ Yes ☐ No

If Yes, do you currently hold a valid license for the position?

☐ Yes ☐ No

If "Yes", please provide to us a copy of the license.

EMPLOYMENT HISTORY

Please list the names of your present and prior employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any period of unemployment within the last seven years. Use an additional sheet of paper if necessary. Resumes will not be taken in lieu of the employment history information. All portion of this section must be completed. If self-employed, give firm name and supply business references.

1	Company name and mailing address:	Telephone:
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe the type of work you performed in this position:		Weekly pay Start: End:
May we contact this employer? If "No", why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:

2	Company name and mailing address:	Telephone:
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe the type of work you performed in this position:		Weekly pay Start: End:
May we contact this employer? If "No", why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:

3	Company name and mailing address:	Telephone:
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe the type of work you performed in this position:		Weekly pay Start: End:
May we contact this employer? If "No", why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:

4	Company name and mailing address:	Telephone:
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe the type of work you performed in this position:		Weekly pay Start: End:
May we contact this employer? If "No", why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:

Please explain any gaps in your employment history

EMPLOYMENT HISTORY (continued)**TECHNICAL, PROFESSIONAL, MANAGERIAL SKILLS**

List training abilities or noteworthy achievements:

BUSINESS SKILLS

Testing may be required to verify skills.

Computer Hardware	Computer Software	Other Office Equipment	Typing	Shorthand

EDUCATION

Name of School	Location (City/State)	Course of Study	No. of years completed	Did you graduate?	Diploma/Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

PLEASE READ AND SIGN THIS SECTION

I certify that all of the information in this Application or any other document I have submitted to the Company is true and accurate. I understand that if any of this information is false, incomplete or misleading, it may be grounds for rejection of my application for employment. Furthermore, I understand that if false, incomplete or misleading information is discovered after I have been employed by the Company, such discovery may be cause for the termination of my employment.

Signature (please do not print)

Date