

Application for Employment



Quality Writing Instruments Since 1918®

Equal Opportunity Employer

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other status protected by state or federal law. Please inform a company representative if you need any assistance or other reasonable accommodation in completing this form or to otherwise participate in the application process

NOTE: Any offer of employment is conditional upon the applicant passing a physical examination confirming the applicant can perform the essential functions of the position he/she has been offered with or without reasonable accommodation, and upon the applicant passing a drug test.

Positions(s) Applied For:		Date of Application:	
Referral Source:	<input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____		
Last Name:	First Name:	Middle:	
Address:		City:	State: Zip:
Telephone Number:		Social Security Number:	
If employed and you are under 18, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you filed an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date:	
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date:	
Do you have any relatives who are employed by Pilot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify:	
Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? <i>If hired, you must complete the I-9 form required by the U.S. Immigration and Naturalization Service no later than 3 business days after date of hire.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the functions of the position for which you are applying either with or without a reasonable accommodation by Pilot? If no , please identify those functions which you cannot perform.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
On what date would you be available for work?	Date:		
Are you on lay-off and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? <i>(A Conviction will not necessarily be a bar to employment.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes" please describe the nature of the offense, the date of the convictions, and the nature of any rehabilitation.	

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude those volunteer positions with organizations whose name would indicate race, color, religion, gender, national origin, handicap or other protected status.

one	Employer 1	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Ending	
	Supervisor		\$	\$	
Reason for Leaving					
two	Employer 2	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Ending	
	Supervisor		\$	\$	
Reason for Leaving					
three	Employer 3	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Ending	
	Supervisor		\$	\$	
Reason for Leaving					
four	Employer 4	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Ending	
	Supervisor		\$	\$	
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, national origin, age, ancestry, handicap or other protected status.):

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References:

Give company name, reference name, address and telephone numbers of three business/work references.

Reference 1 Company Name: Reference Name:	Address: 	Telephone:
Reference 2 Company Name: Reference Name:	Address: 	Telephone:
Reference 3 Company Name: Reference Name:	Address: 	Telephone:

Education:

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree		<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	Type of Degree: _____	Type of Degree: _____
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

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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 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that employment at Pilot, if offered, is for no definite term and it may be terminated with or without cause or notice, at any time at the convenience of Pilot or myself. I further understand that this condition can only be altered by a written contract of employment which is specific as to all material terms and is signed by both myself and the President of the Company.

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.

IMPORTANT – WAIVER OF JURY TRIAL - PLEASE READ CAREFULLY BEFORE SIGNING. SUBJECT TO APPLICABLE STATE LAW, BY SIGNING THIS AGREEMENT, I VOLUNTARILY, KNOWINGLY, AND INTELLIGENTLY WAIVE ALL RIGHTS TO ANY TRIAL BY JURY IN ALL LITIGATION BROUGHT IN FEDERAL OR STATE COURT RELATING TO OR ARISING OUT OF MY EMPLOYMENT WITH PILOT CORPORATION OF AMERICA, I UNDERSTAND THAT I HAVE THE RIGHT TO CONSULT WITH ANYONE, INCLUDING AN ATTORNEY, BEFORE AGREEING TO THIS WAIVER.

Signature of Applicant

Electronic Signature

Date