## Pearl Creek Management, Inc.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

|                            |                 | DATE          |           |            |                 |         |  |
|----------------------------|-----------------|---------------|-----------|------------|-----------------|---------|--|
| Name                       |                 |               |           |            |                 |         |  |
| Last                       |                 | First         |           | Middle     |                 | Maiden  |  |
| Present address            |                 |               |           |            |                 |         |  |
|                            | Number          | Street        | City      | State      |                 |         |  |
| Telephone ( ) _            |                 |               | Social Se | curity No. |                 |         |  |
| Cell ( )                   |                 |               |           |            |                 |         |  |
| If under 18, please list a | age             |               |           |            |                 |         |  |
| Diti(4)                    |                 |               | -         |            | ailable to work |         |  |
|                            |                 |               |           |            | Thur<br>Fri     |         |  |
| and salary desired (2)     |                 |               | Tue       |            | Sat             |         |  |
|                            |                 |               | Wed       |            | Sat<br>Sun      |         |  |
| How many hours can ye      | ou work weekly? |               | Can       | you work   | nights?         |         |  |
| Employment desired         | □FULL-TIME ONLY | □PART-TIN     | ME ONLY   | □F         | ULL- OR PART-   | TIME    |  |
| When available for worl    | k?              |               |           |            |                 |         |  |
|                            |                 |               |           |            |                 |         |  |
| TYPE OF SCHOOL             | NAME OF SCHOOL  | LOCATION      |           |            | R OF YEARS      | MAJOR & |  |
|                            |                 |               |           | COM        | PLETED          | DEGREE  |  |
| High School                |                 |               |           |            |                 |         |  |
| College                    |                 |               |           |            |                 |         |  |
| Bus. or Trade School       |                 |               |           |            |                 |         |  |
| Professional School        |                 |               |           |            |                 |         |  |
|                            |                 |               |           |            |                 |         |  |
|                            |                 |               |           |            |                 |         |  |
|                            | RESIDE          | ENCE FOR PAST | THREE Y   | EARS       |                 |         |  |
| Address:                   | St.             | Zip           |           | How        | Long?           |         |  |
| City:                      |                 |               |           |            |                 |         |  |
| Address:                   | St.             | Zip           |           | How        | Long            |         |  |
| City:                      |                 |               |           |            |                 |         |  |
| Address:                   | St.             | Zip           |           | How        | Long?           |         |  |
| City:                      |                 |               |           |            |                 |         |  |

| HAVE YOU EVER BEEN CONVICTED OF A CRIME?  | □ No □ Yes   |
|---|--|
| If yes, explain number of conviction(s), nature of offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation | ) leading to conviction(s), how recently such offense(s) was/were on.  |
| DO YOU HAVE A DRIVER'S LICENSE?   | 0  |
| Driver's license number State of issue  | e Operator   |
| Expiration date   |  |
| Have you had any accidents during the past three years?   | How many?  |
| Have you had any moving violations during the past three y  | rears? How Many?   |
| APPLICATION   | N FOR EMPLOYMENT   |
| Please list two references other than relatives or previous e   | employers.   |
| Name  | Name   |
| Address   | Address  |
| Telephone ( )   | Telephone ()   |
| - reiephene <u>x                                  </u>  | . Grophishe (  |
| space below to summarize any additional information necessition which you are applying.                                     | vidual to adequately summarize a complete background. Use the ssary to describe your full qualifications for the specific position for |
|   |  |
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|   |  |

Work Please list your work experience for the **past five years** beginning with your most recent job held.

Experience If you were self-employed, give firm name.

| Name of employer<br>Address  | Name of last supervisor | Employment dates | Pay or salary |
|--|-------------------------|------------------|---------------|
| City, State, Zip Code<br>Phone number  |                         | From             | Start         |
|  |                         | То               | Final         |
|  | Your last job title     |                  |               |
| 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<br>Address           | Name of last supervisor | Employment dates | Pay or salary |
|---------------------------------------|-------------------------|------------------|---------------|
| City, State, Zip Code<br>Phone number |                         | From             | Start         |
|                                       |                         | То               | Final         |
|                                       | Your Last Job Title     |                  |               |

## 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<br>Address   | Name of last supervisor | Employment dates     | Pay or salary |  |  |
|---|-------------------------|----------------------|---------------|--|--|
| City, State, Zip Code<br>Phone number   |                         | From                 | Start         |  |  |
|   |                         | То                   | Final         |  |  |
|   | Your last job title     |                      |               |  |  |
| Reason for leaving (be specific)  |                         |                      |               |  |  |
| List the jobs you held, duties performed, skills used or learned, company.  | advancements or pro     | motions while you wo | rked at this  |  |  |
| Name of employer<br>Address   | Name of last supervisor | Employment dates     | Pay or salary |  |  |
| City, State, Zip Code<br>Phone number   |                         | From                 | Start         |  |  |
|   |                         | То                   | Final         |  |  |
|   | Your last job title     |                      |               |  |  |
| Reason for leaving (be specific)  |                         |                      |               |  |  |
| List the jobs you held, duties performed, skills used or learned, company.  | advancements or pro     | motions while you wo | rked at this  |  |  |
| May we contact your present employer?YesNo  |                         |                      |               |  |  |
| This certifies that this application was completed by me, and all entries on it and information in it are true to the best of my knowledge. |                         |                      |               |  |  |
| Applicant's Signature:  | Date:                   |                      |               |  |  |