

# Pioneer Title Agency

P.O. Box 1900, Sierra Vista, AZ 85636-1900  
(520) 458-3500

## EMPLOYMENT APPLICATION

**INSTRUCTIONS:**

Please complete all items. The information you provide will allow us to consider you for the position you desire and/or other positions for which you may be qualified. All information you provide will be kept confidential.

**NOTICE:**

All offers of employment are contingent upon your providing proof of identity and lawful authorization to work in the U.S. and your completing a form I-9, as required by the Immigration Reform and Control Act of 1986.

**PLEASE PRINT ALL RESPONSES EXCEPT YOUR SIGNATURE**

NAME (Last)	(First)	(Middle)
ADDRESS (Street)	(City)	(State) (Zip)
( )		
TELEPHONE #	EMAIL ADDRESS	
- -	Are you age 19 or older? Yes No	
SOCIAL SECURITY NUMBER		

DATE OF APPLICATION \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

WAGE DESIRED \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

WORK LOCATION DESIRED (CITY) \_\_\_\_\_

Do you have any restrictions on working overtime? Yes No

Are you available to work: Full Time Part Time Either

Will you work: Mornings Afternoons

Days available: Monday Tuesday Wednesday Thursday Friday

Do you have any physical or mental limitations that would prevent you from performing the essential functions of the job for which you are applying? Yes No

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT RECORD**

In the space below account for all time for the past 5 years, whether working or not. START WITH YOUR MOST RECENT EXPERIENCE AND WORK BACKWARDS. Include military service and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name. Attach additional sheets, if necessary, to cover the past 5 years.

If you are presently employed, may we contact your present employer? Yes No

From: mo/yr	Name and Address of Employer	Phone #	Position Held	Pay per	Name of Supervisor
To: mo/yr			Why did you leave?		
From: mo/yr	Name and Address of Employer	Phone #	Position Held	Pay per	Name of Supervisor
To: mo/yr			Why did you leave?		
From: mo/yr	Name and Address of Employer	Phone #	Position Held	Pay per	Name of Supervisor
To: mo/yr			Why did you leave?		
From: mo/yr	Name and Address of Employer	Phone #	Position Held	Pay per	Name of Supervisor
To: mo/yr			Why did you leave?		

Explain any periods of unemployment \_\_\_\_\_

Do you have any relatives working at Pioneer Title Agency? Yes No If yes, state name(s) of relative(s) and relationship(s) \_\_\_\_\_

Have you ever worked using another name? Yes No If yes, list names \_\_\_\_\_

**EDUCATIONAL RECORD**

**U.S.  
MILITARY  
SERVICE**

Name and Address		Major Field	Graduate? (Yes or No)	None
High School				From _____ To _____
College or University				Branch _____ Rank _____ Type of Discharge _____
Technical/ Business/ Other Schools				
Other Skills or Training:		Professional License:	Languages Spoken:	

DESCRIBE ANY SPECIAL TRAINING OR COURSES YOU HAVE HAD RELATING TO THE POSITION OR TYPE OF WORK YOU ARE SEEKING:

Have you ever applied or been employed by us before? Yes No If yes, when: \_\_\_\_\_  
 How were you referred to us? Check one: Walk-In Relative Agency Newspaper Friend Other \_\_\_\_\_  
 Have you been convicted of a felony within the last 7 years? Yes No If yes, please explain: \_\_\_\_\_  
 If hired, do you have adequate transportation to and from work? Yes No

**INDICATE EXPERIENCE IN THE FOLLOWING**

Accounting	Computer	Shorthand _____ WPM	Other:
Accounts Payable	Filing	Transcribing Unit	
Accounts Receivable	Loan Officer		
Auditor	Payroll	Typing _____ WPM	
Bookkeeper	Receptionist		

Are there other experiences, skills, or qualifications you feel would aid in your work with Pioneer Title Agency? Please list: \_\_\_\_\_

GIVE A BRIEF STATEMENT WHY YOU FEEL YOU QUALIFY FOR THIS POSITION:

This company is an Equal Opportunity Employer. We select qualified individuals for employment based upon job-related factors, regardless of race, color, religion, sex, age, national origin, handicap or veteran status, or other legally protected factors.

**CERTIFICATION, AUTHORIZATION, RELEASE AND WAIVER**  
**READ CAREFULLY BEFORE SIGNING**

I certify that the information given by me in the Employment Application is true and complete and I understand and agree that my employment with this company may be immediately discontinued if misrepresentations, falsified statements, or material omissions are found to have been made. I authorize schools, former employers and former supervisors to provide any and all information pertinent to my employment and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and lawful authorization to work in the U.S. and completing a form I-9. I also understand that the company may terminate me at any time, with or without cause and without liability, and that my employment here does not constitute a contract of employment between myself and the company. I further understand that the term of employment at this company is for such period as the company may deem my services to be satisfactory and desirable. I will comply with and be governed by all company policies, rules, and procedures as may be in effect from time to time. I have read the above, understand its content and meaning and agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my executed employment application.

SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_

If employed, I hereby authorize Pioneer Title Agency to deduct from my earnings amounts sufficient for my payments to cover financial liability which I may incur during my employment. This may include, but not be limited to, damage to or loss of company vehicles or property, group insurance premiums, uniform costs, and other appropriate situations.

SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_

**FOR COMPANY USE ONLY**

INTERVIEWED BY \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HIRED: Yes No IF YES: SALARY/ WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

IF NO, STATE SPECIFIC REASON(S): \_\_\_\_\_

APPROVALS: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_