



Application for Employment

Date: _____

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name _____

Phone # () _____

Address _____

City/State/Zip _____

Position applied for _____

Desired pay _____ Shift preferred 1 ___ 2 ___ 3 ___ 4 ___ Any ___

Would you accept full-time work? Yes ___ No ___ Would you accept part-time work Yes ___ No ___

Date available for work? _____

Have you ever been employed her before? No ___ Yes ___ Date _____

Special training or skills (language, machine operations, etc.) that would be of special benefit in the job for which you are applying: _____

Do you have any relatives or friends who are presently or have formerly been employed here? Yes ___ No ___

If yes, who? _____

How were you referred to us? TWC ___ Ad ___ Friend/Relative ___ Other _____

Are you legally eligible for employment in the United States? Yes ___ No ___ (If yes, proof is required)

Are you of legal age to work in the United States? Yes ___ No ___

Educational Background

(Circle highest level completed)

Grammar School 5 6 7 8 Vocational Training? _____

High School 9 10 11 12 Graduate degree? _____

College 1 2 3 4 Training in what field? _____

Name of last school attended _____

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religious,

or national origin.) _____

Employment Experience

Place an **X** by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer _____ Phone () _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work performed _____ Reason for leaving _____
2. Employer _____ Phone () _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work performed _____ Reason for leaving _____
3. Employer _____ Phone () _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work performed _____ Reason for leaving _____
4. Employer _____ Phone () _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work performed _____ Reason for leaving _____

Personal References (other than family members or previous employers)

1. Name _____ Phone # () _____
Address _____
2. Name _____ Phone # () _____
Address _____
3. Name _____ Phone # () _____
Address _____

Please be sure to sign and date this application. Thank you for your interest in our company.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application (and accompanying resume, if any) is true. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when the discovery by the company. I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company. **If I am offered employment, I agree to submit to a medical examination and/or drug test before starting work.** If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctors disclose to the company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the company's Drug and Alcohol Policy. I understand that filling out this application does not indicate that there is a position open, and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies, and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Applicant's signature _____ Date _____

FOR OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

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|---------------|--------------|-------|
| Visits: _____ | Calls: _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |

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