

Employment Experience

List present or most recent job first. You may include volunteer activities if you choose to do so.

1	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title			Hourly Rate	
			Starting	Final	
	Supervisor	Title			
Reason for Leaving					
2	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title			Hourly Rate	
			Starting	Final	
	Supervisor	Title			
Reason for Leaving					
3	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title			Hourly Rate	
			Starting	Final	
	Supervisor	Title			
Reason for Leaving					
4	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title			Hourly Rate	
			Starting	Final	
	Supervisor	Title			
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:

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Reference Name	Reference Address	Reference Phone	Reference Relationship

Education

	High School	College/University	Graduate/Professional
School Name and Address			
Years Completed			
Graduated			
Diploma/Degree			
Major/Minor			
Academic Honors, Prizes or Awards Received			

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

Applicant Data Record

Date: _____

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, ancestry, age, marital, veteran, disability, or any other legally protected status. The Company will comply with its obligation to provide reasonable accommodations to qualified individuals with disability.

As an employer, we comply with government regulations.

Solely, to help us comply with government recordkeeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(Please print)

Position(s) applied for: _____

Referral source: Advertisement Friend Relative
 Employment Agency Walk-In Other

Name				
			()
Last	First	Middle	Telephone	
Address				
Number	Street	City	State	Zip Code

Equal Employment Opportunity

Government agencies require periodic reports on the sex, ethnicity, and handicapped/ disabled status of applicants. Submission of information is voluntary and for analysis purposes only.

Check one of the following:

Male Female

White Black or African American Hispanic or Latino
 Asian Native Hawaiian or other Pacific Islander Two or More Races
 American Indian/Alaskan Native

Applicant's Statement

(NOTE: If you are emailing the application you do not need to sign since you will be required to sign this form during the interview)

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if false or misleading information is given in my application, interview(s), or in any other portion of the hiring process, the Company has a right to reject my application or terminate my employment upon discovery of such falsification.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

If I am offered employment, I agree to undergo a medical examination, including drug testing, and I understand that any offer of employment is contingent upon the results of those examinations. I authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information about me as may be necessary. I also understand that the Company may conduct post-employment drug testing, including random drug testing, for-cause testing, and post-accident drug testing. If I am hired, I consent to such drug testing.

I understand that any employment relationship with the Company is for no fixed period of time and is terminable "at-will" either by me or the Company at any time and for any reason not in violation of the laws, and no representative of the Company other than the President of the Company has authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing and directed to me personally. I further understand that the statements contained in Company policies, handbooks, or other materials do not create any guarantee of employment and that the Company may from time to time modify or terminate existing policies, practices, benefits, plans, or other programs within the limits and requirements imposed by law.

I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that this application shall be considered active for 60 days after I sign it, and that I must reapply with TMA after 60 days to be considered for employment.

Signature of Applicant

Date