



## APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with TCT. TCT is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

### INTRODUCTORY INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT QUESTIONS

Type of work desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 16 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

How were you referred to TCT? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain in detail below, including the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

### EDUCATION

#### High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

#### College or Technical School:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

#### Other Schooling or Training:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### MILITARY EXPERIENCE \_\_\_\_\_ N/A

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT** List positions starting with most recent.

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES** Please include name, occupation, years known and contact information. Do not include relatives.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STATEMENT** Please read the following statement carefully before submitting this application.

*By submitting this application, I understand that employment with TCT (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment. I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_