

## **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	ON		
Name:	Date:	Date:	
Address:			
City:	_ State: Zip:	Phone:	
APPLICANT QUESTIONS			
Type of work desired:	Salary desired:	Date Available:	
If hired, can you provide documents require	d to establish your eligibility to w	vork in the U.S.? Yes No	
Are you 16 years of age or older?	□ No		
How were you referred to TCT?			
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 s	starting with most recent.	
1. Employer:	Telephone:	
Address:		
Position Title:	Supervisor:	
Start Date:	End Date:	
Duties:		
Reason for Leaving:		
2. Employer:	Telephone:	
Address:		
Position Title:	Supervisor:	
Start Date:	End Date:	
Duties:		
Reason for Leaving:		
3. Employer:	Telephone:	
Address:		
Position Title:		
Start Date:	End Date:	
Duties:		
Reason for Leaving:		
WORK DELATED DEFENDENCES		
WORK-RELATED REFERENCES Please  1		and contact information. Do not include relatives.
2		
3		
STATEMENT Please read the following statement care	fully before submitting this application.	
By submitting this application, I understand that employmmy employment at any time, or for any reason consistent background investigation of my work and personal history, Company, and its representatives or agents, from any liabilifirms named to provide any requested information and relect Company requires the successful completion of a drug and/of for a period of 90 days; after that time, if I wish to be conside this completed application are true and understand that any	with applicable state or federal law, and verify all data given on this appliety that might result from such an invase them from all liability for providing or alcohol test as a condition of employed for employment, I must submit a	. I authorize the Company to conduct a thorough lication and during interviews. I hereby release the restigation. I authorize all individuals, schools, and g the requested information. I understand that the pyment. I understand this application will be active new application. I certify that all the statements in
Signature of Applicant:		Nate: