



2120 North 22nd Street | Decatur, Illinois 62526 | 217.422.0055 p | 217.422.4323 f

www.tccimanufacturing.com

## APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE & SIGN ALL PAGES**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

Can you work nights? \_\_\_\_\_

Employment desired    \_\_\_ FULL-TIME ONLY    \_\_\_ PART-TIME ONLY    \_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**OFFICE ONLY**

Typing  Yes  No \_\_\_\_\_ WPM      10-key  Yes  No      Word Processing  Yes  No \_\_\_\_\_ WPM

Personal Computer  Yes  No  PC  Mac      Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?      \_\_\_ Yes    \_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?      \_\_\_ Yes    \_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## WORK EXPERIENCE

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From  To	Pay or salary  Start  Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

Do you know anyone presently working at T/CCI?  Yes  No

Name \_\_\_\_\_

## **PRE-EMPLOYMENT TESTING**

It is the policy of TCCI Manufacturing, LLC to require pre-employment physicals of all applicants selected for hire. The physical, which is given at the Company's expense, includes blood and urine analysis to determine the presence of alcohol, illicit drugs or controlled substances.

In the event the analysis discloses the presence of alcohol, illicit drugs or controlled substances, the applicant shall receive no further consideration for employment. In the event the applicant is hired and/or commences work prior to the Company's receipt of the results of the test, such employment shall be expressly conditioned upon the receipt of a negative finding. If the test is positive for illicit drugs, controlled substances or alcohol, the employee shall be immediately terminated without recourse.

## **CONSENT FOR TEST AND RELEASE OF MEDICAL INFORMATION**

I hereby consent for the Company or any medical facility, laboratory, or medical person designated by the Company to collect blood, urine, or saliva samples from me and to conduct medical tests to determine the presence of alcohol, illicit drugs or controlled substances in my body. In addition, I hereby give my consent for the release of the test results, and other relevant medical information to the Company.

My signature below acknowledges that I have read and understand the foregoing and hereby agree to and accept the same.

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(Applicant's Signature)

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(Date)

AUTHORIZATION FOR RELEASE OF INFORMATION &  
APPLICANT'S SIGNATURE

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and to obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire at the end of the year. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at anytime, with or without cause, and without prior notice, unless required by law. I understand that no one, other than the President of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by the President.

I fully understand and accept all terms and conditions in the above statement.

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Date

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Signature

## AUTHORIZATION FOR RELEASE OF INFORMATION

To assist in the processing of my application for employment with another employer, I authorize the Company to release information about me and my employment with the Company and to provide a reference to prospective employers at their request. I waive all rights and claims I may otherwise have against the Company or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who request information for this purpose.

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Date

Signature