



Application for Employment

Please note: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Today's Date: _____

Name and Address	
Name (First, MI, Last)	Maiden Name
Social Security Number	
Mailing Address	
City, State, and Zip Code	
Telephone	Alternate Phone
If under 18, please list age	Email

Job Type	
Position Applying For	Desired Hourly Rate
I am seeking a:	<input type="checkbox"/> Full-Time Job <input type="checkbox"/> Temporary <input type="checkbox"/> Full or Temporary
Availability:	MON TUE WED THU FRI SAT SUN Nights? YES NO
Date Available to begin:	

Additional Information	
Have you ever been employed by this organization in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you know anyone presently working at TCCI? If so, who?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is your means of transportation to work?	
Do you have a valid driver's license? Yes No	Driver's License Number:
State of issue:	Expiration Date: Operator Commercial (CDL) Chauffeur
Have you had any accidents during the last three years? Yes No	How many?
Have you had any moving violations during the last three years?	Yes No How many?
How did you hear about us?	

Education

Name of School	Location (mailing address)	Years Completed	Diploma or Major & Degree
----------------	----------------------------	-----------------	---------------------------

High School

--	--	--	--

College or Trade School

Military

Have you ever been in the Armed Forces?	YES	NO
---	-----	----

Are you now a member of the National Guard?	YES	NO
---	-----	----

Dated Entered	Discharge Date	Specialty
---------------	----------------	-----------

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.

Company	Your last job title	
Address	Name of last supervisor	
City, State, and Zip code	Hours worked per week	
Phone Number	Start Date	End Date

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.

May we contact this employer? YES NO

Company	Your last job title	
Address	Name of last supervisor	
City, State, and Zip code	Hours worked per week	
Phone Number	Start Date	End Date

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.

May we contact this employer? YES NO

Company		Your last job title	
Address		Name of last supervisor	
City, State, and Zip code		Hours worked per week	
Phone Number	Start Date	End Date	

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.

May we contact this employer? YES NO

Company		Your last job title	
Address		Name of last supervisor	
City, State, and Zip code		Hours worked per week	
Phone Number	Start Date	End Date	

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.

May we contact this employer? YES NO

References

Please include name, phone number, and circumstances of your acquaintance. Exclude former employers and relatives.

- 1
- 2
- 3
- 4

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	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 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 that employer may terminate my employment at any time, with or without cause, and without prior notice, unless required by law. I understand that no one, other than the President or 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.

Signature _____ Date _____

Pre-Employment Testing

It is the policy of T/CCI 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 considerations 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 information to the Company.

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

Signature _____ Date _____