



APPLICATION FOR EMPLOYMENT

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY. IT IS OUR INTENT THAT ALL APPLICANTS BE GIVEN EQUAL OPPORTUNITY AND SELECTION DECISIONS BE BASED ON JOB RELATED FACTORS.

Personal

Last Name	First Name	Middle Name	Social Security No.
Present Street Address	City/State	Zip Code	Phone Number
Previous Street Address	City/State	Zip Code	Phone Number
In Emergency Contact	Relationship	Phone Number	Are you at least 18 yrs. Old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State	Zip Code	Do you have the legal right to work In the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous

Date of Application	Date you can start	Salary Expected	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position(s) Desired
Do you have any relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name		Relationship	How did you hear about us?
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain. (An affirmative response will not automatically disqualify you from being considered as A candidate for employment)			
If "Yes" please explain.				

Skills and Qualifications

Describe size and type of equipment on which you are experienced in using, and/or operating?

Foreign Languages	Speak	Read	Military Experience
			Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Military occupational specialty

Personnel References

Name and Address	Relation and Phone Number

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Have you ever worked for TMCo? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date(s) of employment: Supervisor:
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EMPLOYMENT HISTORY

Name and address of previous employers, starting with the most recent.

1.	From	To	Employer	Telephone Number	
	Job Title		Address		
	Supervisors Name		Summarize the nature of work performed and job responsibilities		
	Supervisors Title				
	Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final _____ per _____		
2.	From	To	Employer	Telephone Number	
	Job Title		Address		
	Supervisors Name		Summarize the nature of work performed and job responsibilities		
	Supervisors Title				
	Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final _____ per _____		
3.	From	To	Employer	Telephone Number	
	Job Title		Address		
	Supervisors Name		Summarize the nature of work performed and job responsibilities		
	Supervisors Title				
	Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final _____ per _____		

Educational Background

Name and Location of School	Circle Highest Grade Completed	Major Field Of Study	Degree	GPA
High School	8 9 10 11 12			
College/Univ.	1 2 3 4 5 6			
Grad. School	1 2 3 4			
Other				
Special schools and courses attended. Including any training and completion dates.i.e., Safety, 1st aid, H₂S, etc.				

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Applicant Must Read and Verify with Signature

I declare that the statements contained in this application are correct and understand that withholding information or making a false statement in this application and information submitted therewith or at any time during the application and pre-employment process will be the basis for my application not to be considered and/or dismissal. I authorize all employers, educators and other firms or person named herein to provide the Company with information regarding my education, employment and medical history and release all such individuals or entities from all liability for any damages that may result from furnishing information regarding me.

_____ - INITIALS

I understand that this application does not obligate the company to offer me employment or to hire me. I further understand that if I am employed by the Company, my employment will be on an “at will” basis and may be terminated by the Company at any time with or without cause or notice. If I am employed I understand that I will wear the prescribed personal protection equipment and will abide by all Federal, State and Company procedures and regulations while working for the Company.

_____ - INITIALS

In connection with my application for employment (including contract for services) with you, I understand that investigational background inquiries may be conducted on me including consumer, criminal, driving and Industrial Safety records. These reports will include, but not limited to information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the records of insurance companies. I agree to submit to medical testing including a physical exam, drug and alcohol testing. I understand that failure to submit to such tests, or unsatisfactory results of any such tests, will disqualify me from further consideration for employment or contract services with TMCo, Inc.

This application will be considered active for thirty (30) days.

Applicant's Signature

Date

*****FOR OFFICE USE ONLY*****			
Date Employed:	Supervisor:	Dept.	
Job Title:	Rate of Pay:		
FLSA Status: (circle one)	Job Status (circle one)		
Hourly Exempt Non-Exempt	Full Time Direct Hire	Full Time Temporary	Part time