



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				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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.

(Applicant's 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 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.

Date

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.

Date

Signature