



## EMPLOYMENT APPLICATION

The information given on this form is solely for the use of TMC Workforce Solutions, Inc. and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Email Address		
Date Available	SSN	Date of Birth	
Position Applied For			
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked before for TMC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, when?	
Will you work overtime if required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please explain.	
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Need more information about the job's "essential functions" to respond.			
<i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodations, or whether accommodations are necessary. These issues may be addressed at a later stage to the extent permitted by law.</i>			
Driver's License Number		Licensing State	
REFERRAL SOURCE (Please check the appropriate source and list the source name if applicable.)			
<input type="checkbox"/> Walk-in	<input type="checkbox"/> School		
<input type="checkbox"/> Employee	<input type="checkbox"/> Job Fair		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Staffing Agency		
<input type="checkbox"/> Company's Website	<input type="checkbox"/> Other		
BACKGROUND			
Have you ever been bonded?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</i>			
Have you ever been convicted of a crime that has not been expunged by a court?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

If yes, please provide date(s) and details. \_\_\_\_\_

Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pretrial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations?  YES  NO

If yes, please list the date, nature, locations, and disposition.  
\_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might in anyway restrict your ability to work for our company?  YES  NO

If yes, please explain. \_\_\_\_\_

## EDUCATION

<b>High School</b>	Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
<b>College</b>	Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
<b>Other</b>	Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

## REFERENCES

Please list **three** professional references.

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

## PREVIOUS EMPLOYMENT

<b>Company</b>	Phone (     )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, please explain.			

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45-day period, I will reapply. I understand that if I am employed by TMC Workforce Solutions, Inc., my employment and compensation can be terminated, with or without cause and with or without prior notice.</p> <p>I authorize the references listed on this application to give TMC Workforce Solutions, Inc. any information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to you.</p> <p>I hereby grant TMC Workforce Solutions, Inc. the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to TMC Workforce Solutions, Inc. or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the Company.</p> <p>I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.</p>	
Signature	Date