



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
(Application with remain active for 30 days)

Position Applied For: _____ Referral Source: _____

NAME: _____
Last First M.I.

ADDRESS: _____ PHONE: (____) _____
Street City State ZIP

Are you at least 18 years of age? Yes No

Are you a U.S. Citizen or legally Authorized to work in the U.S.? Yes No

Date you are able to start work: _____

May we contact your current employer? Yes No

Are you on layoff status or subject to recall elsewhere? Yes No

Pay Expected: \$ _____ per _____

If hired, how long do you plan to continue working for the company? _____

Do you wish to work: Full-time Part-time
Temporary

Are you willing and available to work: On Call
Days Evenings Nights
Overtime Weekends Holidays

If applying for a job that requires one,
Do you have a valid driver's license? Yes No

Have you been convicted of a crime or released from prison in the last 10 years? Yes No

If so, explain: _____

- A "yes" answer will not necessarily bar applicant from employment.

Have you previously applied with us? Yes No
When: _____

Have you previously worked with us? Yes No
When: _____

Are any of your records under a different name? Yes No
If so, what name: _____

Do you have any relatives working for us? Yes No
If so, who: _____

Is there any reason you might be unable to meet our attendance requirements? Yes No
If yes, please explain _____

EDUCATION/ TRAINING	Name and Location of School	Did you Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what?

Skills and Abilities:

List any machines you are skilled in using: _____

List any skill or abilities you have which are pertinent to the position, including hobbies or related interests: _____

Job Requirements:

Do you believe you are capable of performing, with or without accommodation, "the essential functions of the job" for which you are applying? Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ **Phone:** () _____

Start Date: _____ **Leaving Date:** _____ **Supervisor:** _____ **Rate of Pay:** _____

Job Duties: _____

Reason for Leaving: _____

Previous Employer:

Address: _____ **Phone:** () _____

Start Date: _____ **Leaving Date:** _____ **Supervisor:** _____ **Rate of Pay:** _____

Job Duties: _____

Reason for Leaving: _____

Previous Employer:

Address: _____ **Phone:** () _____

Start Date: _____ **Leaving Date:** _____ **Supervisor:** _____ **Rate of Pay:** _____

Job Duties: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Name: _____ **Phone:** () _____

Address: _____

Occupation: _____ **How Long Known:** _____

Name: _____ **Phone:** () _____

Address: _____

Occupation: _____ **How Long Known:** _____

**PLEASE READ EACH OF THE FOLLOWING ITEMS
BEFORE SIGNING AND DATING THIS APPLICATION**

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be contingent upon the successful passing of a physical.
2. *I certify* that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading, or incomplete statements on this application shall be grounds for dismissal.
3. *I authorize* the company to investigate information concerning my previous employment and education. I hereby release such parties from all liability for any damage that may result from furnishing such information. I authorize this company to request a copy of my credit report from the credit bureau.
4. *I understand* and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the forgoing.
5. *I understand* that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date _____ Signature of Applicant _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

Team Corporation is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other basis protected by local, state, or federal law.

PLEASE PRINT

Name:	Date:
Position Applied for (list only one):	

<p>1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes (Skip to question #3)</p> <p><input type="checkbox"/> No (Go to question #2)</p>	<p>3. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>2. What race or races do you consider yourself to be? (Check all that apply)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><input type="checkbox"/> American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment</p>	
<p><input type="checkbox"/> I do not wish to Self-Identify</p>	