



**Employment Application**  
**We are an Equal Opportunity Employer**

Please print in Ink. You must complete entire application.

Date:

**Applicant Information**

Name( First, Middle, Last)

Address ( Street, City, State, Zipcode)	Day Time Telephone
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	Evening Telephone
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Are there other names under which you have worked or attended school ? Yes No

If yes, Please list for reference checking

Are you legally authorized to work in the U.S.? Yes No  
*(If hired you will be required to provide proof of work authorization)*

Are you at least 18 years of age? Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?

Yes No If yes, explain 1) nature of crime 2) date of conviction, and 3) state in which convicted?  
 (Convictions are not automatic bar to employment.)

Do you have any *pending* criminal charges against you? Yes No

If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before? Yes No If yes, when: _____	Have you ever worked at this company before? Yes No If yes, when: _____
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**Position Applying For**

Part time or Full Time Desired	Salary Preference	Shift Preference
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When can you start?

How were you referred to the company?

Agency	Walk - In	Friend / Relative	_____
Newspaper	School	Other	_____

**Special Skills**

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe using manufacturing machines and equipment.

**Education**

School	Name and Location (City, State)	# of years attended	Major subjects	Diploma or degree
High				Yes No
College				Yes No
Graduate				Yes No
Other (Specify				Yes No

**Training Schools**

List any relevant training programs completed.

Course/Seminar	Organization sponsoring	Content	Dates Attended

**Required License (s)**

If required to drive a motor vehicle for the job applying for, State your:

1) Driver's License number	2) State Issued
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Are you licensed with any group, association or society relating to the job for which you are applying for?

Yes      No

Registration or License Number	State Issued	Expiration Date

**Employment History (Start with most recent; use separate sheet if necessary)**

Name of Employer:	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From                      To
Description of duties	
Salary - Start                      Salary - End	Reason for leaving
If currently employed, may we contact as a reference?    Yes                      No	

Name of Employer:	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From                      To
Description of duties	
Salary - Start                      Salary - End	Reason for leaving

Name of Employer:	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From                      To
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Salary - Start                      Salary - End	Reason for leaving

Name of Employer:	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From                      To
Description of duties	
Salary - Start                      Salary - End	Reason for leaving



## Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Day time Telephone
	Evening Telephone
Address:	
Relationship:	How long known?
Name	Day time Telephone
	Evening Telephone
Address:	
Relationship:	How long known?
Name	Day time Telephone
	Evening Telephone
Address:	
Relationship:	How long known?

### Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that miss representation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employees or any individual familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowing fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination an drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on at-will basis and that my employment may be terminated with or without cause, and with or without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank You For Your Interest in Timber Creek***