



EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resources Department.

Position(s) applied for: _____ Date of application ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Other

Name of referral/source (if applicable) _____

Name _____

Last

First

Middle

Address _____

City

Zip Code

Telephone# (____) _____ Mobile/Pager/Other Phone # (____) _____

Social Security # _____

Because we are a Hazardous Workplace are you over 18 years old? Yes No

Have you ever been employed here before? Yes No

If yes, give dates: From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work: ____/____/____ What is your desired salary range? \$ _____

Type of employment desired?:

Full-Time----- Day _____ Night _____

Part-Time ----- Day _____ Night _____

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime. Yes No

If yes please give dates and details: _____

ANSWERING YES TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATES SERIOUSNESS OF THE OFFENSE, AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If yes please give details, including the name and address and/or telephone number of the employer who terminated your employment and the reason you were told that your employment was being terminated: _____

Do you agree that the reason given for your termination was valid? Yes No

If no, why not? _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EMPLOYMENT HISTORY

Provide the following information of your past two (2) employers, assignment or volunteer activities, starting with the most recent:

Employer: _____ Address: _____

Telephone# (_____) _____ Work From _____ To _____

Starting Position/Final Position _____

Immediate Supervisor and Title: _____

Summarize the nature of work performed and job responsibilities _____

Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____

Reason For Leaving: _____ May we contact for reference? _____

Employer: _____ Address: _____

Telephone# (_____) _____ Work From _____ To _____

Starting Position/Final Position _____

Immediate Supervisor and Title: _____

Summarize the nature of work performed and job responsibilities _____

Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____

Reason For Leaving: _____ May we contact for reference? _____

References

Name _____

Telephone# (_____) _____

No. of years known _____

Name _____

Telephone# (_____) _____

No. of years known _____

EDUCATIONAL BACKGROUND (If related to job)

| Name and Location | Years Completed | Did you graduate? | Course of Study |
|-------------------|-----------------|-------------------|-----------------|
| High School | | | |
| College | | | |
| Other | | | |

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is **true, complete and correct**. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service **whenever discovered**.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organization for furnishing information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only **30 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may required by law.

This application does not constitute an agreement or contract for employment for any specified period of definite duration. **I understand that no supervisor or representative of the employer is authorized to make any assurances** to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, **I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.**

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

CONSENT FOR DRUG TESTING

I, THE UNDERSIGNED, UNDERSTAND THAT IT IS TEAK ISLE'S POLICY TO REQUIRE THAT A JOB CANDIDATE CONSENT TO TESTING BY AN INDEPENDENT LABORATORY TO DETERMINE IF THE CANDIDATE HAS USED ANY OF THE FOLLOWING:

AMPHETAMINES
BARBITURATES
COCAINE
METHADONE (HEROIN)
BENZODIAZEPHINES (VALIUM)

METHAQUALONES(QUALUDES)
OPIATES
PHENCYCLIDINE (PCP)
THC (MARIJUANA)

I UNDERSTAND THAT I WILL NEED TO COMPLETE THE TESTING WITHIN 48 HOURS OF A JOB OFFER.

Signature

Date

Witness