

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, martial or Veteran status or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATON:

Date: _____ Start Date: _____

Full Time Part Time Temporary Referral Source _____

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

City / State / Zip: _____ SSN: _____

Have you ever been convicted of or charged with a felony or misdemeanor?: YES NO
If yes, please explain details in full, including dates of offense(s) charged, jurisdiction and disposition of the case:

Have you ever had a Worker's Comp Claim? If yes, please explain details in full, including dates of claim(s) and disposition of the case:

If yes, are still under the care of a doctor? YES NO

EDUCATION:

Schools / Colleges Attended:	#Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT WORK EXPERIENCE: Start with your most recent or present position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Address: _____ City State Zip: _____

Phone: _____ Starting Wages \$ _____ Per Hour / Ending Wages \$ _____ Per Hour

Describe Duties / Responsibilities / Accomplishments: _____

Reason for leaving: _____

Dates of Employment: From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Address: _____ City State Zip: _____

Phone: _____ Starting Wages \$ _____ Per Hour / Ending Wages \$ _____ Per Hour

Describe Duties / Responsibilities / Accomplishments: _____

Reason for leaving: _____

Dates of Employment: From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Address: _____ City State Zip: _____

Phone: _____ Starting Wages \$ _____ Per Hour / Ending Wages \$ _____ Per Hour

Describe Duties / Responsibilities / Accomplishments: _____

Reason for leaving: _____

Dates of Employment: From _____ To _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references. (Old employers/Friends, people you have worked with, people you have done business with)

1. Name: _____ Phone Number: _____
Company: _____ Position in Company: _____
Address: _____ City/State/Zip _____

2. Name: _____ Phone Number: _____
Company: _____ Position in Company: _____
Address: _____ City/State/Zip _____

3. Name: _____ Phone Number: _____
Company: _____ Position in Company: _____
Address: _____ City/State/Zip _____

Personal References: Please provide names, addresses, phone numbers, relationship and how long you have known this reference. Please list at least 3.

1. Name: _____ Phone Number: _____
Relationship _____ Known how long? _____
Address: _____ City/State/Zip _____

2. Name: _____ Phone Number: _____
Relationship _____ Known how long? _____
Address: _____ City/State/Zip _____

3. Name: _____ Phone Number: _____
Relationship _____ Known how long? _____
Address: _____ City/State/Zip _____

4. Name: _____ Phone Number: _____
Relationship _____ Known how long? _____
Address: _____ City/State/Zip _____

Special Skills: Describe any skills or qualifications for this work.

By signing this application you **CERTIFY** that the above information and answers I have provided to **Tag Williams Inc** is true and complete to the best of my knowledge. I authorize **Tag Williams Inc** to perform a background check and/or credit report, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement.

In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of **Tag Williams Inc.**

Signed: _____ **Date:** _____

Arrange Interview: YES NO Date: _____ Time: _____

Remarks:

Approved: YES NO Date: _____

By: _____