

TOWN & COUNTRY SUPPLY ASSOCIATION

APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION

Name:		Social Security No.	Driver's License No. & State:	Date:
Previous Last Name Used:		Current Street Address:		
City:	State:	Zip:	Area Code & Home Phone No.	
If not a resident at current address for 2 years, give previous address & phone number:			Lived There From:	To:
Are you a United States citizen or legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (All persons; upon hiring, must verify eligibility to be employed in the United States.)				
List states and counties of residence for the past 7 years:				
Have you ever been convicted of a felony? (Do not answer 'yes' if your 'official' conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe fully:				
Do you have any relatives or friends working for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and department:				
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what department/location?				
In case of an Emergency who should we notify?	Name:	Address:	Telephone No.	

B. JOB INTEREST

Position Applying For:		Referred By:		
Type of employment desired (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer				
Shift Preference:		Salary Required:		
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how often?		
Date available to begin work:	Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you may have to provide us with a work permit.	Are you 21 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. EDUCATION

Name & Address of School Attended	From	To	Did you graduate?	List Diploma or Degree
	Mo/Yr	Mo/Yr		
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	

D. REFERENCES

Please list two persons who know of your qualifications and work abilities (do not include relatives):

Name	Address	Phone Number	Occupation
		()	
		()	

YOUR EMPLOYMENT HISTORY

List below your Employment History, beginning with your most recent employer. Account for all periods of time, including part-time work, military service or unemployment. May we contact your present employer for references? Yes No
 If additional space is needed, please attach supplemental information.

E. EMPLOYER NAME & ADDRESS			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						

Reason For Leaving:	Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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F. EMPLOYER NAME & ADDRESS			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						

Reason For Leaving:	Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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G. EMPLOYER NAME & ADDRESS			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						

Reason For Leaving:	Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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H. EMPLOYER NAME & ADDRESS			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						

Reason For Leaving:	Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I. SPECIAL SKILLS & QUALIFICATIONS	Please summarize special skills, qualifications, and civic, social or professional memberships.

RELEASE AND CONSENT

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. No supervisor, representative, agent, other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer, either written or oral, modify the above terms.

I understand and agree to take any physical examination, including drug screening test; all such tests will be administered in compliance with the Americans With Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer. I authorize the Employer, should they employ me, to release employment reference, if my employment becomes terminated for any reason. I also authorize the Employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provision of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement.

Applicant's Signature

Date

WORKSITE USE ONLY

(A photocopy of this Release shall be considered as valid as the original.)

Date: _____ Worksite EmployerName: _____

Applicant Name: _____ Social Security Number: _____

Complete Application Verification is included as a standard service provided to all worksite employers. This service obtains basic record information including exact dates of employment, comparison of records of prior work history, salary information, job title, reasons for leaving and performance data. Information is also obtained from educational institutions which verifies dates of attendance and degrees earned.

Please indicate if additional investigations (that are not included in our standard service) are desired:

- Verify Educational Transcripts & Professional License
- Driving Record Check
- Criminal Record Check
- Workers' Compensation Claims Reports (Post-Offer Only)
- Employment Credit Report

Signature of Company Official Authorizing Additional Investigation: _____