



# Employment Application

TMT is an equal opportunity employer that *does not* discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, veteran status, or any other status protected by local, state or federal law.

(Application must be completed in full even if attaching a resume.)

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

## PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	MESSAGE TELEPHONE #
IF NO PHONE, HOW MAY WE CONTACT YOU?			
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH TMT OR ITS DIVISIONS? [ ] YES [ ] NO IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR TMT OR ITS DIVISIONS BEFORE? [ ] YES [ ] NO IF YES, WHEN? APPROXIMATE DATE: MO/YR.			
HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE? [ ] YES [ ] NO IF YES, WHEN? APPROXIMATE DATE: MO/YR.			
HOW DID YOU HEAR ABOUT US?  [ ] Newspaper Ad [ ] Employment Agency [ ] Current Employee: _____  [ ] Friend [ ] Walk-In [ ] Other: _____			
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION? [ ] YES [ ] NO  If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) _____ _____ _____			



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## GENERAL INFORMATION

IF YOU ARE UNDER AGE 18,

PLEASE STATE YOUR AGE: \_\_\_\_\_

IF UNDER AGE 18,

CAN YOU SUPPLY WORKING PAPERS?  YES  NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC INFRACTION?  YES  NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB-RELATED VIOLATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION AND REHABILITATION EFFORTS WILL BE TAKEN INTO ACCOUNT)

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN FROM A POSITION?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CHECK SCHEDULE AVAILABILITY:**

I am available and desire to work FULL-TIME (35 hours) and do not have restrictions on my hours and days. (Complete Section B.)

I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

Student  Other Job  Other (explain) \_\_\_\_\_

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

**NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.**

WAGE DESIRED: \_\_\_\_\_

FIRST DATE AVAILABLE FOR WORK? \_\_\_\_\_



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## EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH EMPLOYMENT HISTORY FOR THE PAST TEN YEARS (ATTACH ADDITIONAL SHEET IF NECESSARY).

<b>1</b>	<b>EMPLOYER</b>	FROM	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO	ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>2</b>	<b>EMPLOYER</b>	FROM	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES
ADDRESS		TO	ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>3</b>	<b>EMPLOYER</b>	FROM	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES
ADDRESS		TO	ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>4</b>	<b>EMPLOYER</b>	FROM	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES
ADDRESS		TO	ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO



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## EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
BUSINESS, TRADE OTHER			1 2 3 4	[ ] YES [ ] NO	

## ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything, which would interfere with your regular attendance and punctuality if you were offered a job with the company? [ ] YES [ ] NO

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL OR BUSINESS REFERENCES

<b>1</b>	NAME	HOME PHONE ( )	OCCUPATION BUSINESS PHONE ( )
	HOME ADDRESS		TITLE RELATIONSHIP
	CITY, STATE AND ZIP		HOW LONG KNOWN
<b>2</b>	NAME	HOME PHONE ( )	OCCUPATION BUSINESS PHONE ( )
	HOME ADDRESS		TITLE RELATIONSHIP
	CITY, STATE AND ZIP		HOW LONG KNOWN



# Employment Application

## NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

### NOTIFICATION AND AGREEMENT

**Read carefully before signing.**

**This application for employment is good for 60 days only.**

**Consideration for employment after 60 days requires a new application.**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR ANY OMISSION OF FACT ON THIS APPLICATION (OR ON ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENT(S)) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this Notification and Agreement should be directed to the employment interviewer before signing. This application will be given due consideration, but its receipt by TMT does not imply that any applicant will be hired. I understand that if I am offered employment with TMT, this application will become a part of my official employment record.

I hereby certify that the information and facts set forth in this application are true, complete, and accurate to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or any omission of any fact(s) in this employment application, or in any other related documents, will be cause for denial of employment or immediate termination of employment, if employed, regardless of the timing or circumstances of discovery.

I authorize TMT to investigate and verify the accuracy of all of the information I provided in connection with my application for employment. I authorize all schools I attended, previous employers, government offices or agencies, courts, and any others who have information about me to provide such information to TMT or to any of its employees, representatives, or authorized agents or vendors. I hereby release and waive all possible claims against TMT, or against any other parties involved in this process, from any and all liability that could possibly result from any person or entity providing information about me to TMT.

I understand that if offered employment, I will be required to submit to a pre-employment drug screen and background check as a condition of employment. I further understand that I may be required to complete a pre-employment physical exam, depending upon the position offered. I understand that receipt of unsatisfactory results from, failure to complete as required, or any attempt to affect the results of, these pre-employment screening requirements will result in the immediate withdrawal of any offer of employment or the termination of my employment, if already employed.

I further understand that should an offer of employment be made to me, such offer, whether or not stated, is for employment at will, and that if I accept such offer, my employment thereafter may be terminated, at any time, by either the Company or by myself, with or without cause or advance notice.



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I understand that none of the documents, policies, procedures, actions, or statements of TMT or any of its employees or representatives, either during the hiring process or during my employment, may be considered a contract of employment, either actual or implied. I understand that no TMT employee or representative, other than the CEO/President of TMT, has the authority to enter into any agreement contrary to the above, and that any such agreement will not be valid or binding, unless and until it is put to writing and signed by the CEO/President of TMT.

I further agree that any claim, charge, or lawsuit relating in any way to my employment with TMT, or the termination thereof, must be filed not more than six (6) months after the date of the employment action that is the subject of such claim, charge or lawsuit. I hereby waive any statute of limitations to the contrary.

In consideration of employment with TMT, if offered, I agree to abide by and adhere fully to TMT's rules, regulations, policies and procedures at all times. I further understand that the Company's rules, regulations, policies and procedures may be changed at any time, with or without advance notice to employees.

I acknowledge that I have read and understood the above statements, and I hereby grant permission to TMT to verify the accuracy all of the information supplied by me on my employment application and/or any related documents.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_