APPLICATION FOR EMPLOYMENT

NAME:	DATE:
ADDRESS:	
TELEPHONE:	SOCIAL SECURITY #
POSITION APPLYING FOR:	SHIFT
Do you have any physical condition which may li	mit your ability to perform the job applied for? DNO DYes
if yes, please explain:	
HIGH SCHOOL:	Graduate? 🗆 No 🗇 Yes
	Graduate?
Other:	
Courses/Training:	

LIST MOST RECENT EMPLOYER FIRST

PERSONAL INFORMATION

EDUCATION

EMPLOYMENT HISTORY

Company Name/Address	Position/ Title	Ending Pay Rate	Employed Dates To / From	Reason for Leaving

PLEASE GIVE NAMES OF 3 PERS	SONS WHO YOU ARE NOT RELATED TO, W	HOM YOU HAVE KNOWN A	T LEAST 1 YEAR:
NAME	ADDRESS	BUSINESS	YEARS KNOWN

Branch of Service:	Discharge Date & Rank:	
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Have you been convicted of a felony within the last five (5) years?	🗖 No	🗖 Yes	``
If yes, please explain (will not necessarily exclude you from consideration)			

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU AN AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THERE IS NO AGREEMENT, EXPRESS OR IMPLIED, BETWEEN EMPLOYEE AND THE IMPORT COLLECTION (TIC), FORT ANY SPECIFIC PERIOD OF EMPLOYMENT, NOR FOR CONTINUING OR LONG-TERM EMPLOYMENT. EMPLOYEE AND THE IMPORT COLLECTION EACH HAVE THE RIGHT TO TERMINATE EMPLOYMENT WITH OR WITHOUT CAUSE.

🖎 SIGNATURE:

DATE SIGNED: