



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

If you need additional space for any response, please continue on a separate sheet of paper.

PERSONAL INFORMATION

Name Social Security #

Have you ever been known by any other names? If so, list all names:

Present address STREET CITY STATE ZIP

How long have you lived at this address?

Previous address STREET CITY STATE ZIP

How long did you live at this address?

Phone # Referred by

Can you present proof of your right to work legally in the United States? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, give details.

Are you 18 years or older? Yes No

Do you have any friends or relatives who work for TMP? Yes No

If yes, please list them.

EMPLOYMENT DESIRED

Position Date you can start

Are you employed now? If so, may we contact your present employer?

Have you applied to or worked for TMP before?

If yes, when?

**EDUCATION**

	Name & location of school attended	Years attended	Did you graduate?	Subjects studied
High school				
College				
Other				

Subjects of special study or research work \_\_\_\_\_

U.S. Military Service or Reserves: List dates, rank, and type of discharge \_\_\_\_\_

List location and name of last unit assignment \_\_\_\_\_

**REFERENCES**

*Give below the names of 3 persons not related to you, whom you have known at least one year.*

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

*LIST ALL THE JOBS YOU HAVE HAD, STARTING WITH THE MOST RECENT.*

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates of Service \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Hourly Rate / Salary \_\_\_\_\_  
START-FINISH

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates of Service \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Hourly Rate / Salary \_\_\_\_\_  
START-FINISH

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates of Service \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Hourly Rate / Salary \_\_\_\_\_  
START-FINISH

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates of Service \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Hourly Rate / Salary \_\_\_\_\_  
START-FINISH

*If you need additional space, please continue on a separate sheet of paper.*

**SPECIAL SKILLS & QUALIFICATIONS**

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

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

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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The information provided in this Application for Employment is true and complete. The Company may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the Company. I understand that any offer of employment may be contingent upon such medical examination.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time, with or without cause, by either me or the Company. I understand that this cannot be changed except in writing by the Company's President, and that anything said or implied to the contrary is not binding on the Company.

I agree that, if hired, I will keep the Company's trade secrets and confidential information in the strictest confidence and that I will not use them or disclose them to any other person during or after my employment, except as authorized by the Company. I further agree that I will not compete with the Company in any way, directly or indirectly, while employed by the Company.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any reference, school, former employer, or other person to disclose to TMP, upon request, any information they may have about me, and I release them from all liability for disclosing such information to TMP.

Date \_\_\_\_\_ Signature \_\_\_\_\_