

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER (Minority, Female, Handicap, Veteran)

"In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap."

GENERAL INFORMATION

NAME LAST NUMBER	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	HOME PHONE
ADDRESS		CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MOTOR VEHICLE OPERATOR'S PERMIT NUMBER: <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> OTHER _____			HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? IF YES, WHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ARE APPLYING FOR A DRIVER POSITION (DOT), HAVE YOU HAD ANY MOVING VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF EXPLAIN: _____ YES, _____ PLEASE _____ (Conviction will not necessarily disqualify an applicant. This information will be used only for job-related purposes.)				
POSITION(S) APPLYING FOR:		DATE AVAILABLE FOR WORK:	PAY DESIRED:	
ARE YOU WILLING TO WORK OVERTIME AND/OR WEEKENDS AS NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST THE PLANT, SHOP & OFFICE EQUIPMENT YOU ARE QUALIFIED TO OPERATE AND/OR OFFICE SKILLS IF APPLICABLE:				

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NUMBER OF YEARS COMPLETED	GRADUATED? (CHECK ONE)
HIGH SCHOOL	Name _____			<input type="checkbox"/> YES
	City _____ State _____			<input type="checkbox"/> NO
COLLEGE	Name _____			<input type="checkbox"/> YES
	City _____ State _____			<input type="checkbox"/> NO
OTHER - TRADE SCHOOLS, GED, ELEMENTARY	Name _____			<input type="checkbox"/> YES
	City _____ State _____			<input type="checkbox"/> NO

PERSONAL REFERENCES

1. NAME	ADDRESS	PHONE NUMBER
2. NAME	ADDRESS	PHONE NUMBER

Form VI-10

WORK EXPERIENCE

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION:

EMPLOYER	LAST POSITION HELD	LAST PAY RATE
ADDRESS		PHONE NUMBER
MAJOR RESPONSIBILITIES		SUPERVISOR
DATES OF EMPLOYMENT FROM: / / TO: / /		REASON FOR LEAVING

EMPLOYER	LAST POSITION HELD	LAST PAY RATE
ADDRESS		PHONE NUMBER
MAJOR RESPONSIBILITIES		SUPERVISOR
DATES OF EMPLOYMENT FROM: / / TO: / /		REASON FOR LEAVING

EMPLOYER	LAST POSITION HELD	LAST PAY RATE
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MAJOR RESPONSIBILITIES		SUPERVISOR
DATES OF EMPLOYMENT FROM: / / TO: / /		REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO

REFERRAL SOURCE

HOW DID YOU HEAR OF THIS POSITION?

<input type="checkbox"/> WALK-IN APPLICANT	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> EMPLOYEE REFERRAL _____
<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> GOVERNMENT EMPLOYMENT AGENCY	<input type="checkbox"/> Other _____

CERTIFICATION BY APPLICANT

IF I AM EMPLOYED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL, WHICH MEANS THAT I MAY RESIGN AT ANY TIME. SIMILARLY, TINDELL'S MAY TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND THAT THIS AT-WILL RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY ANY BEHAVIOR, UNLESS THE CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING AND SIGNED BY AN OFFICER OF TINDELL'S, INC.

BY SIGNING MY NAME BELOW, I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE SUCH INQUIRY INTO THE STATEMENTS MADE IN THIS APPLICATION AS MAY BE NECESSARY IN REACHING AN EMPLOYMENT DECISION. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION OR DURING A PRE-EMPLOYMENT INTERVIEW, INCLUDING A FAILURE TO DISCLOSE REQUESTED INFORMATION, MAY RESULT IN IMMEDIATE DISMISSAL.

I UNDERSTAND THAT I WILL BE REQUIRED TO PASS A DRUG TEST BEFORE A FINAL OFFER OF EMPLOYMENT IS MADE. BY SIGNING MY NAME BELOW, I CONSENT TO THESE PROCEDURES.

SIGNATURE _____
Form VI-10

DATE _____