

PERSONAL INFORMATION	Date	SS#		
Last Name	_ First Name	Middle Init	tial	
Address	City	State Zip _		
Phone No. <u>()</u>	Are you 18 yea	rs of age? 🔲 Yes	🗌 No	
Are you lawfully authorized to work in the U.S? 🔲 Yes 🥅 No				
Do you have a valid driver's license? 🔲 Yes 🥅 No				
If yes- Driver's License #	S	tate Issued		
EMPLOYMENT DESIRED				
Position Desired	Date available for	work//		
Salary Desired	Are you employed now?	🗌 Yes 🥅 No		

Can we contact your current employer? 🔲 Yes 🛄 No

EDUCATION

	Name and Location of	Last Year	Did you	Subjects
	School	Completed	graduate?	Studied
GRAMMAR				
HIGH SCHOOL				
COLLEGE				

FORMER EMPLOYERS

Date Month And Year	Name and Address of Employer	Salary	Position	Reason for Leaving
<u>From:</u> <u>To:</u>				
<u>From:</u> <u>To:</u>				
<u>From:</u> <u>To:</u>				



REFERENCES

NAME	PHONE #	POSITION	YEARS ACQUAINTED

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? Note:

Answer yes to this question does not constitute and automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.



*If you are to be hired by TCC Contractors, Inc., you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by TCC Contractors, Inc.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all company work rules, policies and procedures. TCC Contractors, Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature_____

_____ Date_____