



*Please email completed application to:
elaine@tbmhardwoods.com

EMPLOYMENT APPLICATION

**Questions must be answered in your own handwriting. Complete all questions.*

Name: _____ Social Security No.: _____
 Home Telephone No.: () _____ Message Telephone No.: () _____
 Address: _____
 Street Address _____ City _____ State _____ Zip _____
 Are you 18 years of age or older? Yes No Are you legally eligible for employment in the USA? Yes No

JOB INTEREST: Position for which application is made:

Position: _____ Part Time Full Time
 Driver's License Number: _____ Are you willing to work overtime? Yes No

MECHANICAL TRADES:

List all heavy powered equipment operated: _____

 List all mechanical equipment knowledge or experience. _____

EDUCATION:

	Name and Location	Dates Attended	Course of Study	Diploma/Degree
Grammar School				
High School				
College				
College				
Trade, Business, Etc.				

Do you have special experience, skills, license or education that might be useful in the position for which you are applying or in other positions with the Company? If so, please explain. _____

 Personal Goals: _____

ADDITIONAL DATA:

Have you previously been employed by TBMH Hardwoods? If so give dates: _____
 If related to a TBMH employee, state employee's name: _____ (Policy prohibits an employee from working under the direct supervision of a relative.)
 Have you been charged or convicted of a felony or misdemeanor or released from prison in the past 10 years? Yes ___ No ___ (A convictional record will not necessarily exclude you from consideration. This information will be used only for job related purposes and only to the extent permitted by law.)
 If yes, please explain. _____

HOW WERE YOU REFERRED TO TBMH: Newspaper Ad Employee Job Service Other:

REFERENCES: Please provide three personal references (name, address, phone number)

**Applicants who are unable to answer in their own handwriting may make other arrangements for answering.*

EMPLOYMENT HISTORY: (Begin with most recent employer. If you require additional space, please add on another sheet of paper.)

Employer		Employment Dates	
Address		From: _____	To: _____
Phone No.	Supervisor's Name and Title	Starting Salary: _____	Ending Salary _____
Number of Hours Worked per Week _____			
Job Title, Duties and Responsibilities			
Reason for Leaving			
Information Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____			

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Reason for Leaving			
Information Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____			

If you are currently employed, may we contact your present employer? Yes No If no, why not? _____

Qualified applicants receive consideration for employment without discrimination because of gender, marital status, race, color, creed, national origin, age, or the presence of a disability.

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information on this application or in an interview is grounds for termination of employment. Unless specifically indicated on this application to the contrary, I authorize my present or previous employers and/or supervisors to give any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of TBMH and understand that my employment and compensation can be terminated with or without notice, at any time, at the option of either the Company or myself. In some states, the law requires that TBMH have my written permission before obtaining consumer reports on me, and I hereby authorize TBMH to obtain such reports. I understand that it is the policy of TBMH to not refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I understand that if hired that I must provide satisfactory proof of identity and legal work authorization. If employed, I agree to submit to a medical examination. **TBMH reserves the right to conduct pre-employment and employment drug/alcohol testing. I fully understand the foregoing and seek employment under these conditions.**

Date Submitted: _____

Signature: _____