

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

EMPLOYMENT APPLICATION

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

Name:	Email:					
Home Telephone No.: () Message Telephone No.: () Address:						
Street Address		City	State	Zip		
Are you 18 years of age or older? Yes \square No \square Are you legally eligible for employment in the USA? Yes \square No \square						
JOB INTEREST: Position for which application is made:						
Position:			☐ Part Time ☐ Full T	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.						
List an inechanical equipment knowledge of experience.						
EDUCATION:						
C C1 1	Name and Location	Dates Attended	Course of Study	Diploma/Degree		
Grammar School High School						
College						
College						
Trade, Business, Etc.				<u> </u>		
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						
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: Starting Salary: Ending Salary		
Phone No.	Supervisor's Name and Title	Number of Hours Worked per Week		
Job Title, Duties and Responsibilities				
Reason for Leaving				
	Informati	on Verified Yes No Initials		
Employer		Employment Dates		
		Employment Dates From: To:		
Address		Starting Salary: Ending Salary		
Phone No.	Supervisor's Name and Title	Number of Hours Worked per Week		
Job Title, Duties and Responsibilities				
Reason for Leaving				
	Informati	on Verified Yes No Initials		
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Reason for Leaving				
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Employer		Employment Dates		
Address		From: To: Starting Salary: Ending Salary		
Phone No.	Supervisor's Name and Title	Number of Hours Worked per Week		
Job Title, Duties and Responsibilities				
Reason for Leaving				
	Informati	on Verified Yes No Initials		
If you are currently employed, mag	y we contact your present employer? Yes \(\square\) No \(\square\) If	f no, why not?		
Qualifi	ed applicants receive consideration for employment without discrimination be	cause of gender		
	marital status, race, color, creed, national origin, age, or the presence of a di	sability.		
application or in an interview is grounds for previous employers and/or supervisors to go otherwise, and release all parties from all I	this application is correct to the best of my knowledge and understand that any or termination of employment. Unless specifically indicated on this application give any and all information concerning my previous employment and any perti- iability for any damage that may result from furnishing same to you. In considuderstand that my employment and compensation can be terminated with or with	n to the contrary, I authorize my present or inent information that they may have, personal or eration of my employment, I agree to conform to		
Company or myself. In some states, the lobtain such reports. I understand that it is persons need for a reasonable accommodate	law requires that TBMH have my written permission before obtaining consume the policy of TBMH to not refuse to hire or otherwise discriminate against a quation as required by the ADA. I understand that if hired that I must provide satismit to a medical examination. TBMH reserves the right to conduct pre-empt to a medical examination.	er reports on me, and I hereby authorize TBMH to halified individual with a disability because of that refactory proof of identity and legal work		
Date Submitted:	Signature:			