



Tacony Corporation

Application For Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

Please print

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone #() _____ Cell Phone #() _____ E-mail Address _____

If necessary, best time to call you at home is : AM PM

May we contact you at work? Yes No

If yes, work number and best time to call : AM PM

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work / / What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Employment History

Starting with your most recent employer, assignments, or volunteer activities, provide the following information:

Employer	Telephone# ()	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State	Compensation (starting)		
Starting Job Title / Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$		per
Immediate Supervisor and Title	Commission/Bonus \$				
Reason for Leaving	Compensation (final)				
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Summarize the type of work performed and job responsibilities.	Commission/Bonus \$				

Employer	Telephone# ()	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State	Compensation (starting)		
Starting Job Title / Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$		per
Immediate Supervisor and Title	Commission/Bonus \$				
Reason for Leaving	Compensation (final)				
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
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Immediate Supervisor and Title	Commission/Bonus \$				
Reason for Leaving	Compensation (final)				
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Summarize the type of work performed and job responsibilities.	Commission/Bonus \$				

Skills and Qualifications

- Word Excel MS Office Power Point Internet

Summarize any special training skills licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background *(if job related)*

Starting with the most recent school attended, provide the following information.

School (include City & State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to Candidate	Telephone	Number of Years Known
			()	
			()	
			()	
			()	
			()	

List special accomplishments, publications, awards, etc.

Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority or work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the employer makes available arbitration of grievances that otherwise could have been taken to court. I agree, like employer, to submit any complaints arising out of my application for employment to arbitration and we each agree to abide by and accept a final decision of the arbitration panel as ultimate resolution.

I understand that any information provided by me found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

