



Employment Application

We are an Equal Opportunity Employer

Please print in Ink. You must complete entire application.

Date: _____

Applicant Information

Name(First, Middle, Last) _____

Address (Street, City, State, Zipcode)	Day Time Telephone () _____
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Social Security Number	Evening Telephone () _____
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Are there other names under which you have worked or attended school ? Yes _____ No _____
If yes, Please list for reference checking _____

Are you legally authorized to work in the U.S.? Yes _____ No _____
(If hired you will be required to provide proof of work authorization)

Are you at least 18 years of age? Yes _____ No _____
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?
Yes _____ No _____ If yes, explain 1) nature of crime 2) date of conviction, and 3) state in which convicted? (Convictions are not automatic bar to employment.)

Do you have any *pending* criminal charges against you? Yes _____ No _____
If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before? Yes _____ No _____ If yes, when: _____	Have you ever worked at this company before? Yes _____ No _____ If yes, when: _____
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Position Applying For	Part time or Full Time Desired	Salary Preference	Shift Preference

When can you start? _____

How were you referred to the company?
Agency _____ Walk - In _____ Friend / Relative _____
Newspaper _____ School _____ Other _____

Special Sills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe using manufacturing machines and equipment.

Education

School	Name and Location (City, State)	# of years attended	Major subjects	Diploma or degree
High				Yes _____ No _____
College				Yes _____ No _____
Graduate				Yes _____ No _____
Other (Specify)				Yes _____ No _____

Training Schools

List any relevant training programs completed.

Course/Seminar	Organization sponsoring	Content	Dates Attended

Required License (s)

If required to drive a motor vehicle for the job applying for, State your:

1) Driver's License number

2) State Issued

Are you licensed with any group, association or society relating to the job for which you are applying for?

Yes _____

No _____

Registration or License Number	State Issued	Expiration Date

Employment History (Start with most recent; use separate sheet if necessary)

Name of Employer:	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From To
Description of duties	
Salary - Start Salary - End	Reason for leaving
If currently employed, may we contact as a reference? Yes_____ No_____	

Name of Employer:	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From To
Description of duties	
Salary - Start Salary - End	Reason for leaving

Name of Employer:	Telephone ()
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Job Title	Employment Dates (month and year)
Name of Immediate Supervisor:	From To
Description of duties	
Salary - Start Salary - End	Reason for leaving

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Day time Telephone ()
	Evening Telephone ()
Address:	
Relationship:	How long known?
Name	Day time Telephone ()
	Evening Telephone ()
Address:	
Relationship:	How long known?
Name	Day time Telephone ()
	Evening Telephone ()
Address:	
Relationship:	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that miss representation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

2. I authorize the company to investigate my responses on this application and contact any or all of my former employees or any individual familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowing fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

3. I understand that upon receiving a job offer, a physical examination an drug screening may be required.
(Note: If this is a job requirement, you will be notified.)

4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on at-will basis and that my employment may be terminated with or without cause, and with or without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant: _____ Date: _____

Thank You For Your Interest in Timber Creek Resource