



Application for employment and Pre-Employment Questionnaire

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other _____

Social Security # _____ Driver's license # _____

Position applied for _____ Date available to start _____

Salary requirement: _____ Will you work overtime if asked _____

If you are under 18, and we require a work permit, can you furnish one? _____

Have you applied for employment with us before? _____ When _____ Position _____

Are you legally eligible for employment in the United States? _____ Date of Birth _____

Type of employment desired: Full-time _____ Part-time _____ Referred by _____

Do you have any relatives who work at TCC? _____ If so, provide their name: _____

Check times available to work: Nights: _____ Weekends: _____ Holidays: _____

Have you ever pled guilty or no contest to or been convicted of a crime? _____

If yes, give dates and details _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Last Education:

College/University: _____

Years Completed: _____ Major _____

High School/ GED _____ Did you graduate? _____

References:

Name: _____ Phone (____) _____

Address: _____ City _____ State _____ Zip _____

Name: _____ Phone (____) _____

Address: _____ City _____ State _____ Zip _____

Have you ever served in the armed forces? _____ Branch _____

Special training or skills _____

Previous Employment (Begin with the most recent) Please explain any lapse of employment

Dates of Employment: _____ Supervisor _____

Firm: _____

Phone: () _____ Position _____

Responsibilities: _____

Starting Salary _____ Reasoning for Leaving: _____

May we contact this employer for reference? _____

Dates of Employment: _____ Supervisor _____

Firm: _____

Phone: () _____ Position _____

Responsibilities: _____

Starting Salary _____ Reasoning for Leaving: _____

May we contact this employer for reference? _____

Dates of Employment: _____ Supervisor _____

Firm: _____

Phone: () _____ Position _____

Responsibilities: _____

Starting Salary _____ Reasoning for Leaving: _____

May we contact this employer for reference? _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

For Office use only:

Interviewed by _____ Start Date _____

If hired: Copy of D.L. _____ Copy of S.S. Card _____ Tax forms completed _____

(Ages 14-17) Workers Permit must be returned prior to start of work. Form given _____ Form returned _____