

TPMA APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER

SOCIAL SECURITY NUMBER

REFERRED BY

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

YES

NO

DATE

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

PERSON TO BE CONTACTED IN CASE OF EMERGENCY NAME: _____

ADDRESS: _____ Zip Code: _____ Telephone No.: _____ Area Code: _____

Do you have an automobile that you can use in your work? Yes ___ No ___

Do you have required automobild liability insurance? Yes ___ No ___

Do you have a driver's license? Yes ___ No ___

If yes, wat is your driver's license number? _____

Do you understand that you could be exposed to hazardous agricultural chemicals? Yes ___ No ___

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: LIST BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU FOR WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit worthiness and personal background and I hereby release each such employer and other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

I understand that if employed: 1.) Any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2.) My employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE _____ SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY

INTERVIEWED BY	DATE	REMARKS
NEATNESS		CHARACTER
PERSONALITY		ABILITY
Reviewed by: _____		

Name

Recommended for Employment Yes _____ No _____

Reasons:

Employee Status: Scout _____ Scout Supervisor _____

Rate of Pay: \$ _____ Per hour