

Tucker & Associates, LLC

Employment Application

Personal

Last Name	First Name	Middle Initial	Social Security #
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Present Address	City	State	Zip Code
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Cell Number	Email Address
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If hired, can you provide proof that you are legally able to work in the United States? Yes _____ No _____

How were you referred to us? _____ Ad _____ Employee _____ Walk-In _____ Other _____

List relatives or friends employed by this company	Relationship
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Have you ever been convicted of a crime offense, felony or misdemeanor (exclusive of any marijuana related conviction over two years old; any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or any arrest for which a pretrial diversion program has been successfully completed? If yes, please state nature of offense(s), date(s), city and state and disposition. Note: An Affirmative answer will not necessarily result in disqualification for employment.

_____ Yes _____ No _____

Employment

Position Desired: _____ Salary Desired: _____

Type of employment _____ Full Time _____ Part Time _____ Temporary

What days and hours are you available to work? _____

Are you available for overtime? _____ Yes _____ No

When are you available to begin work? _____

Are you over 18 years of age? _____ Yes _____ No

If under 18, Can you provide a work permit? _____ Yes _____ No

POSITION HELD

Company name:	Dates Employed From: _____ To: _____
Telephone Number:	Starting Salary: _____ Ending Salary: _____
Job Title:	Specific Duties: _____ _____
Supervisor Name:	Is this your current employer? _____ May be contact this employer? _____
Reason for Leaving?	What is the most important skill you demonstrated on the job?

Company name:	Dates Employed From: _____ To: _____
Telephone Number:	Starting Salary: _____ Ending Salary: _____
Job Title:	Specific Duties: _____ _____
Supervisor Name:	Is this your current employer? _____ May be contact this employer? _____
Reason for Leaving?	What is the most important skill you demonstrated on the job?

Company name:	Dates Employed From: _____ To: _____
Telephone Number:	Starting Salary: _____ Ending Salary: _____
Job Title:	Specific Duties: _____ _____
Supervisor Name:	Is this your current employer? _____ May be contact this employer? _____
Reason for Leaving?	What is the most important skill you demonstrated on the job?

SKILLS

Do you speak, write or understand any foreign language? _____

What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

EDUCATION

Type of School	Name and location of the school	Number of years completed	Graduated?	Degree(s) or Diploma(s)	Major field of Study
High School or Trade School					
Business or Tech School					
Jr. College and/or University					

EMPLOYMENT

Experience: Please account for all employment within the last seven years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military services, experience gained over seven years prior, ect.) Attach an additional sheet if extra space is needed.

Answer the following questions if you are applying for a professional, licensed, or certified position

Are you licensed/certified for the job applied for? _____ Yes _____ No

Name of license/certification: _____

Issuing date: _____

License/Certification number: _____

Has your license/certification ever been revoked or suspended? _____ Yes _____ No

If yes, explain: _____

PERIOD OF UNEMPLOYMENT

Please account for all periods of unemployment within the last 7 years, beginning with your most recent period of unemployment.

DATED UNEMPLOYMENT	REASON FOR UNEMPLOYMENT
FROM:	
TO:	

DATED UNEMPLOYMENT	REASON FOR UNEMPLOYMENT
FROM:	
TO:	

MILITARY SERVICES

Have you obtained any special skills or abilities as the result of service in the military? _____ Yes _____ No

If yes, please describe: _____

PERSONAL REFERENCES

Please list at least two people NOT related to you who has known you for at least 5 years.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

APPLICANT'S STATEMENT

(Initial each numbered item as read)

Date: _____

___1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.

___2. I authorized all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the company, my former employers and all other persons from any all claims, demands, or liabilities arising out or in any way related to such inquiry or disclosure.

___3. I understand that the company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the company has reasonable suspicion to believe that I am under the influence of drugs or alcohol. My consent to submit to such a test may be required as a condition of employment and my refusal to consent may result in a refusal to hire or, if already employed, termination.

___4. I authorized the company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

___5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.

___6. I understand and agree that the employment for which I am applying is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the company. There will be no agreement, express or implied, between the company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by a authorized representative of the company.

___7. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.

___8. I understand and agree that if I am offered a position, I will be required to agree to an arbitration agreement as a condition of employment. This arbitration agreement will require me to give up my right to a courtroom trial by a jury. I instead will be required to submit any employment related dispute I may have to an arbitrator.

Signature of applicant: _____ Print name: _____