

EMPLOYMENT APPLICATION

PLEASE PRINT

TSM IS AN EQUAL OPPORTUNITY EMPLOYER

CO-EMPLOYER'S NAME (WHO YOU WILL BE WORKING FOR): _____

CONSUMER'S NAME (WHO YOU WILL BE WORKING WITH): _____

POSITION YOU ARE APPLYING FOR: _____

YOUR INFORMATION:

_____	_____	_____	_____
FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE

PERMANENT ADDRESS			

_____	_____	_____	_____
CITY	STATE	ZIP CODE	

_____	_____	_____	_____
BUSINESS PHONE NUMBER	HOME PHONE NUMBER	SOCIAL SECURITY NUMBER	

PERSONAL INFORMATION:

HAVE YOU EVER APPLIED TO OR WORKED FOR THIS CO-EMPLOYER BEFORE? YES NO

IF YES, WHEN?: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR THIS CO-EMPLOYER? YES NO

IF YES, STATE NAME(S) AND RELATIONSHIPS: _____

_____	_____
NAME	RELATIONSHIP

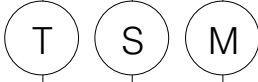
_____	_____
NAME	RELATIONSHIP

WHY ARE YOU APPLYING FOR WORK WITH CO-EMPLOYER?: _____

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU AT LEAST 18 YEARS OLD? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE) YES NO

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO



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ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION?

YES NO

IF NO, PLEASE DESCRIBE THE FUNCTIONS WHICH CANNOT BE PERFORMED: _____

NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND TO SKILL AND AGILITY TESTS.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (FELONY OR SERIOUS MISDEMEANOR)? (CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED.)

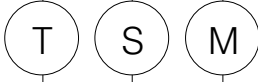
YES NO

IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION FO THE CASE:

NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLEY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENCE, DATE OF THE OFFENCE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENCE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.

EDUCATION, TRAINING AND EXPERIENCE

SCHOOL	NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL	NAME _____	_____	<input type="checkbox"/> YES	_____
	ADDRESS _____	_____	<input type="checkbox"/> NO	
	CITY _____ STATE _____ ZIP _____	_____		
COLLEGE/UNIVERSITY	NAME _____	_____	<input type="checkbox"/> YES	_____
	ADDRESS _____	_____	<input type="checkbox"/> NO	
	CITY _____ STATE _____ ZIP _____	_____		
VOCATIONAL/BUSINESS	NAME _____	_____	<input type="checkbox"/> YES	_____
	ADDRESS _____	_____	<input type="checkbox"/> NO	
	CITY _____ STATE _____ ZIP _____	_____		
HEALTH CARE	NAME _____	_____	<input type="checkbox"/> YES	_____
	ADDRESS _____	_____	<input type="checkbox"/> NO	
	CITY _____ STATE _____ ZIP _____	_____		



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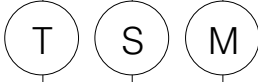
EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (LAST FIVE YEARS IS SUFFICIENT). ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

NAME OF EMPLOYER		TYPE OF BUSINESS			
NAME OF SUPERVISOR		TELEPHONE NUMBER			
ADDRESS		CITY		STATE	ZIP CODE
DATES OF EMPLOYMENT		WEEKLY PAY			
FROM	TO	STARTING	ENDING		
YOUR POSITION AND DUTIES					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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NAME OF SUPERVISOR		TELEPHONE NUMBER			
ADDRESS		CITY		STATE	ZIP CODE
DATES OF EMPLOYMENT		WEEKLY PAY			
FROM	TO	STARTING	ENDING		
YOUR POSITION AND DUTIES					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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NAME OF SUPERVISOR		TELEPHONE NUMBER			
ADDRESS		CITY		STATE	ZIP
DATES OF EMPLOYMENT		WEEKLY PAY			
FROM	TO	STARTING	ENDING		
YOUR POSITION AND DUTIES					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					



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REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS. ATTACH ADDITIONAL PAGES IF NECESSARY.

FIRST NAME	LAST NAME		
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION	NUMBER OF YEARS AQUAINTED	TELEPHONE NUMBER	

FIRST NAME	LAST NAME		
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION	NUMBER OF YEARS AQUAINTED	TELEPHONE NUMBER	

FIRST NAME	LAST NAME		
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION	NUMBER OF YEARS AQUAINTED	TELEPHONE NUMBER	

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

_____ I HEREBY AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO THE COMPANY ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE THE COMPANY, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR OTHER LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

_____ I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY'S DESIGNATED REPRESENTATIVE.

APPLICANT'S SIGNATURE

DATE