



**b. Job Title** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Full-time  Part-time

**Duties:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Hours/week \_\_\_\_\_

**c. Job Title** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Full-time  Part-time

**Duties:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Hours/week \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. REFERENCES** – List names, addresses and relationships of three persons not related to you who know your qualifications:

Name _____	Address _____	Phone ( ) _____	Relationship _____
Name _____	Address _____	Phone ( ) _____	Relationship _____
Name _____	Address _____	Phone ( ) _____	Relationship _____

**11. MISCELLANEOUS**

a. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_  
 b. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Are you willing to provide your own transportation if necessary for your employment?  Yes  No  
 j. Have you ever been convicted for any violation(s) of law, including moving traffic violations.  Yes  No

If YES, please provide the following:

Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
 County \_\_\_\_\_ City \_\_\_\_\_ State of Conviction \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**13. CERTIFICATION**

I hereby certify that all entries on both sheets and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of TPW Management. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize TPW Management to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_