

Application for Employment



It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

Trans-Peco	s Instru	ıment & Sup	pply, Inc.	Position apply	ing for						
PERSONAL DATA	A										
Name (last, first, middle))										
Street Address and/or Mailing Address			City				State		Zip	Zip	
Home Telephone Number			Business Telephone Number			Cellular Telephone Number					
Date you can start work			Salary Desired Desired			Do you h	Do you have a High School Diploma or GED? Yes □ No □				
POSITION INFO	RMATIO	N Check all that	you are willing to work	k							
Hours: Full Time Part Time											
Are you authorized to wo	ork in the U.S	S. on an unrestricted	basis?				Yes		No		
Have you ever been conv If yes, explain:	ricted of a fel	lony? (Convictions v	will not necessarily disc	qualify an applicant	for employ	yment.)	Yes		No		
Have you been told the ex Yes No Can you perform these es	o 🗆				cription lis	ting the esse	ential function	ons of the	job?		
QUALIFICATION degrees, vocational or tec			r training you feel relataining.	tes to the position ap	oplied for t	hat would h	elp you per	form the w	ork, such as	schools, colleges,	
		School Na	nme Degree			Address/City/State					
School											
School											
Other											
SPECIAL SKILLS	List any sp	ecial skills or experi	ience that you feel wou	ıld help you in the p	osition tha	t you are ap	plying for (leadership,	organizatio	ns/teams, etc.	
REFERENCES professional references, t			erences not related to y	ou, with full name,	address, pl	hone numbe	er, and relati	onship. If	you don't h	ave three	
Name			Address/C	ity/State			Phon	e	R	telationship	
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WORK HISTORY Start with your present or most recent employ POSITIONS)	yment and work b	pack. Use separate sheet if necessary	y. (INCLUDE PAID AND UNPAID		
Job Title #1	Start Date (mo/	day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving		Starting Salary	Ending Salary		
May we contact your present employer?	Yes				
Job Title #2	Start Date (mo/		End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving		Starting Salary	Ending Salary		
			•		
Job Title #3	Start Date (mo/	day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving		Starting Salary	Ending Salary		
Job Title #4	Start Date (mo/	day/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Na	ame	Phone Number		
City	State		Zip		
Duties:	1		<u> </u>		
Reason for Leaving		Starting Salary	Ending Salary		

employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.							
Applicant Signature	Date						