

APPLICATION FOR EMPLOYMENT
TTC SERVICE ENTERPRISES, INC.
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST):		SOCIAL SECURITY NO.	
ADDRESS:		CITY	ST ZIP
PHONE NO.		REFERRED BY:	

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	DESIRED SALARY:
ARE YOU CURRENTLY EMPLOYED:	MAY WE CONTACT YOUR PRESENT EMPLOYER:	
HAVE YOU APPLIED TO THIS COMPANY BEFORE:		

EDUCATION

NAME & LOCATION OF SCHOOL:	FROM:	TO:	DID YOU GRADUATE:
HIGH SCHOOL:			
COLLEGE:			
TRADE SCHOOL:			
OTHER:			

MILITARY SERVICE

BRANCH:	RANK:	DATES SERVED:
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FORMER EMPLOYMENT

FROM:	TO:	NAME OF EMPLOYER:
ADDRESS OF EMPLOYER:		
TELEPHONE #:	NAME OF SUPERVISOR:	
POSITION:	STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:		

FROM:	TO:	NAME OF EMPLOYER:
ADDRESS OF EMPLOYER:		
TELEPHONE #:	NAME OF SUPERVISOR:	
POSITION:	STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:		

FROM:	TO:	NAME OF EMPLOYER:
ADDRESS OF EMPLOYER:		
TELEPHONE #:	NAME OF SUPERVISOR:	
POSITION:	STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:		

FROM:	TO:	NAME OF EMPLOYER:
ADDRESS OF EMPLOYER:		
TELEPHONE #:	NAME OF SUPERVISOR	
POSITION:	STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:		

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WORKMAN'S COMPENSATION CLAIMS

HAVE YOU HAD ANY ON-THE-JOB INJURIES THAT REQUIRED YOU TO FILE A CLAIM WITH YOUR EMPLOYER'S WORKMAN'S COMPENSATION INSURANCE? YES: NO:

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF INJURY: **PLACE OF INJURY:**

DESCRIBE INJURY:

EMPLOYER AT TIME OF INJURY:

DATE OF INJURY: **PLACE OF INJURY:**

DESCRIBE INJURY:

EMPLOYER AT TIME OF INJURY:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE AND UNDERSTAND AND AGREE THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. FALSIFIED STATEMENTS WILL ALSO BE GROUNDS FOR DENYING EMPLOYMENT.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THAT EMPLOYER FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THE UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE: **DATE:**