



# Employment Application

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Position Sought \_\_\_\_\_ Desired Wage \_\_\_\_\_

Referred by \_\_\_\_\_ Start Date \_\_\_\_\_

a. Are you 18 or older? YES NO  
 b. Can you work nights/weekends? YES NO  
 c. Have you ever been convicted of a crime? YES NO  
 d. Do you have the legal right to work in the United States? YES NO

## DRIVING EXPERIENCE AND QUALIFICATIONS

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT (S)	EXPIRATION DATE

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- Has any license, permit or privilege ever been suspended or revoked? YES NO
- Have you ever been convicted of a DUI? YES NO

IF THE ANSWER TO EITHER IS YES TO ANY ABOVE, GIVE DETAILS

## TRAFFIC CONVICTIONS

PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS); IF NONE, WRITE NONE

DATE	LOCATION	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### Equal Employment Opportunity

Twin "D" Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment; applicants are considered for positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical conditions or disabilities. Twin "D" Inc also verifies the work eligibility of all newly hired employees using the E-Verify program

**ACCIDENT REPORT**

PAST 3 YEARS OR MORE; IF NONE, WRITE NONE

	Dates	Nature of Accident (HEAD-ON, REAR-END, UPSET, ETC)	Fatalities #	Injuries #	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION AND TRAINING**

SCHOOL TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	YEARS COMPLETED
HIGH SCHOOL			
UNIVERSITY			
TRADE SCHOOL			
JOB SKILLS (WELDING, TYPING, SECOND LANGUAGE, ETC.)			

**EMPLOYMENT HISTORY-** List work experience for the past 5 years beginning with your most recent

Dates	Employer Name Address and Phone Number	Reason for leaving	Salary	Position
From (mm/yy)				
To (mm/yy)				
Supervisor:		May we Contact?		

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From				
To				
Supervisor:		May we Contact?		

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REFERENCES- list two references other than relatives or previous employers

Name _____	Name _____
Relation _____	Relation _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

ADDITIONAL QUALIFICATION

Please list any additional qualifications, skills or additional information necessary to describe your full qualifications for the position.

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed; no matter when discovered.

I understand that any employment is conditioned on a background check. I authorize Twin "D" Inc. to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to Twin "D" Inc; without giving me prior notice of such disclosure. In addition, I release Twin "D" Inc; any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Twin "D" Inc.

If I am offered employment, I agree to submit to a medication examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Twin "D" Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Twin "D" Inc. the results of the examination. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Twin "D" Inc. Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Twin "D" Inc. to hire. If hired, I agree to abide by all Twin "D" Inc. work rules, policies and procedures. Twin "D" Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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