



T.K. Stanley, Inc.
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Employees of T.K. Stanley, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application confidential assistance in filling out this application may be obtained by calling toll free.

1. Position applied for:

2. Location:

3. Social Security No.:

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. FULL LEGAL NAME

Last Name:

First Name:

Middle Initial:

5. Address Street:

City:

State:

Zip:

6. Home Phone:

7. Business Phone:

8. EDUCATION

a. Select highest grade completed: *Year Completed:

b. If you did not complete high school, do you have a high school equivalency diploma? *Year Received:

c. Select number of years of post high school education:

1. Name and Location of Institution: Hours: Degree:

Major or Specialty: Minor: *Dates Attended

2. Name and Location of Institution: Hours: Degree:

Major or Specialty: Minor: *Dates Attended

3. Name and Location of Institution: Hours: Degree:

Major or Specialty: Minor: *Dates Attended

9. EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the this same organization as separate items.

May we contact your present supervisor?

a. Job Title:			Duties:
Employer:			
Address Street:			
City:	State:	Zip:	
Type of Business:			
Immediate Supervisor:			Number and titles of employees you supervised
Salary (start): \$		Salary (finish): \$	Equipment used:
Dates(mon/yr):		To(mon/yr):	Reason for leaving:
Status:	Hours/week:		Your name if different from present:

b. Job Title:			Duties:
Employer:			
Address Street:			
City:	State:	Zip:	
Type of Business:			
Immediate Supervisor:			Number and titles of employees you supervised
Salary (start): \$		Salary (finish): \$	Equipment used:
Dates(mon/yr):		To(mon/yr):	Reason for leaving:
Status:	Hours/week:		Your name if different from present:

c. Job Title:			Duties:
Employer:			
Address Street:			
City:	State:	Zip:	
Type of Business:			
Immediate Supervisor:			Number and titles of employees you supervised
Salary (start): \$		Salary (finish): \$	Equipment used:
Dates(mon/yr):		To(mon/yr):	Reason for leaving:
Status:	Hours/week:		Your name if different from present:

d. Job Title: _____ Duties: _____

Employer: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Immediate Supervisor: _____ Number and titles of employees you supervised _____

Salary (start): \$ _____ Salary (finish): \$ _____ Equipment used: _____

Dates(mon/yr): _____ To(mon/yr): _____ Reason for leaving: _____

Status: _____ Hours/week: _____ Your name if different from present: _____

e. Job Title: _____ Duties: _____

Employer: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Immediate Supervisor: _____ Number and titles of employees you supervised _____

Salary (start): \$ _____ Salary (finish): \$ _____ Equipment used: _____

Dates(mon/yr): _____ To(mon/yr): _____ Reason for leaving: _____

Status: _____ Hours/week: _____ Your name if different from present: _____

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

1. Name: _____ Relationship: _____ Phone Number: _____

Address Street: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Relationship: _____ Phone Number: _____

Address Street: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Address Street: _____

City: _____ State: _____ Zip: _____

11. MISCELLANEOUS

- a. Select which shift you will accept: _____ Specify shift hours: _____
- b. Select which job status you would accept: _____ If Part-time, please specify: _____
- c. Select which employment status you would accept: _____
- d. Are you willing to accept employment which requires you to travel? _____ If yes, _____
- e. List the geographic locations in which you are willing to work: _____
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
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? _____
- h. Have you ever applied to this company before? _____ If yes, Where? _____, When? _____
- i. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before you eighteenth birthday which were finally adjudicated in Juvenile Court or under a youth offender law?
If yes, list all and explain: _____

12. When would you be available to start work? (No date is necessary if you are available as soon as give your two (2) weeks notice.)

13. Certification

I hereby certify that all entries on this application 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 T.K. Stanley, Inc. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize T.K. Stanley, Inc. 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 organization or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: _____ Signature: _____