



Application for Employment

TLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. If you have a disability that impairs your ability to be considered, interviewed, or tested for a position, please let us know what accommodations you may require.

Please complete the entire application and sign the Authorization and Understanding at the end of the application that all information is true and complete. If there is not enough space on this form to supply all the information necessary to answer a question or supply complete information, please attach additional pages.

PLEASE PRINT

<u>Applying for:</u>	Position applied for: _____
Full Time:	
Part Time:	Date of application: _____
If part time or seasonal specify days and hours available:	

Last Name	First Name	Middle Name		

Social Security Number:				

Address	Street	City	State	Zip

Telephone Number(s) where we can contact you:				
Home: () Work: ()				

How did you learn about TLC?

☐ Advertisement

☐ Friend

☐ Walk-In

☐ Relative

☐ TLC Employee

☐ Other

Name

Describe

Are you 18 years old or older?

☐ Yes

☐ No

Have you ever filed an application with us before?

☐ Yes

☐ No

If yes, please give date: _____

Have you ever worked at TLC before?

☐ Yes

☐ No

If yes, please give date: _____

Are any of your friends or relatives employed at the Company? _____

If yes, specify _____

Are you currently employed? ☐ Yes ☐ No

May we contact your employer? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you legally qualified to work in the United States? ☐ Yes ☐ No

Have you ever been bonded? _____ If yes, on what jobs? _____

Have you ever had any bond coverage modified, revoked, or declined? _____ If yes, describe: _____

Have you ever been convicted of a crime or participated in pretrial diversion program, excluding routine traffic offenses, but including alcohol-related driving offenses? _____ If yes, describe in detail: _____

Are there any criminal charges pending against you currently? _____ If yes, please describe _____

Do you hold any professional licenses or certifications? _____
If so, please list and describe _____

Have you ever had a professional license or certification revoked or suspended? _____
If so, please list and describe _____

Are you currently under investigation by any agency or department concerning any licensure or certification matter? _____ If so, please describe _____

Are you presently attending school, or do you plan on furthering your education? If so, please specify course and time commitment: _____

What experiences, skills or qualifications do you feel especially would qualify you for work with our organization? _____

EDUCATION					
	Name and Address of School	Dates Attended	Graduated	Major Subject	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: Business, Vocational, Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other experience, skills or other qualifications acquired from employment or other experience:

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

Not Related to You

Name	Occupation	Address	Phone Number
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1			
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2			
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3			
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WORK HISTORY

Please begin with your present or most recent employer listing **all previous** employers whether part time, full time, or temporary and work backward in time (include military service). Please complete all areas. We cannot accept "see resume." If extra space is needed, please attach additional pages.

Employer	Street Address	City, State & Zip Code
Phone Number	Immediate Supervisor	Contact Information
Job Title	Employment Dates From: To:	Reason(s) for Leaving
Job Responsibilities		If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Phone Number	Immediate Supervisor	Contact Information
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Job Responsibilities		If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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I acknowledge the information that I provided is complete and accurate.

Name

Date