

Application for Employment



A Time and Place to Change Your Mind®

Position Applying For: _____

Name: _____ Date: _____

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Personal Information

LAST NAME	FIRST NAME	MIDDLE	DATE:
STREET ADDRESS			CELL NUMBER
CITY, STATE, ZIP			EMAIL
ARE YOU LEAGALLY ELIGIBLE FOR EMPLYMETN IN THE UNITED STATES? yes no			ARE YOU A VETTRAN? yes no

Educational Information

School	Name & Location of School	Course of study	# of Years Completed	Did you Graduate?	Degree or Diploma
GRADUATE					
COLLEGE					
BUSINESS/TRADE/TECHNICAL					
High School					

Membership in Professional or Civic Organizations
(Exclude those which may disclose your Race, Religion or National Origin)

Membership/Organization	# of Years Membership/Organization	Expiration/Duties Completed

References: Give names of Three (3) Persons NOT related to you whom you have known at least one year

Name	Occupation	Number

Application for Employment

--	--	--

How did you hear about the position?

TP Facebook	Linked-In	In-Deed	Zip-Recruiter	Family/Friend

**PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT INFORMATION
START WITH YOUR MOST PRESENT OR MOST RECENT EMPLOYER**

Company Name	Number		
Address	Start Month	End Year	
Supervisor	May we Contact	Start Pay	End Pay
Job Title and Job Duties	Reason for Leaving		
Company Name	Number		
Address	Start Month	End Year	
Supervisor	May we Contact	Start Pay	End Pay
Job Title and Job Duties	Reason for Leaving		
Company Name	Number		
Address	Start Month	End Year	
Supervisor	May we Contact	Start Pay	End Pay
Job Title and Job Duties	Reason for Leaving		

Application for Employment

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth on this Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Turning Point, Inc. to make an investigation of any of the facts set forth in this application.

I authorize the schools, prior employers and references listed above to provide my record, reason for leaving and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result from them.

I understand that employment at this Company is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president, has the authority to alter the foregoing.

Applicant's Signature: _____ Date: _____