

Application For Employment



TEI Rock Drills, Inc.
210 APOLLO RD.
MONTROSE, CO 81402-1309
970-249-1515

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

| | | | |
|--|--|--------------------------------------|--|
| Position(s) Applied For | | Date of Application | |
| How did you learn about us? | | | |
| <input type="checkbox"/> Advertisement | | <input type="checkbox"/> Friend | |
| <input type="checkbox"/> Employment Agency | | <input type="checkbox"/> Walk-In | |
| <input type="checkbox"/> Relative | | <input type="checkbox"/> Other _____ | |
| Last Name | | First Name | |
| | | Middle Name | |
| Address | | Number | |
| Street | | City | |
| State | | ZIP Code | |
| Telephone Number(s) | | Social Security Number | |
| | | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If yes, give date _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

Are you available to work: ☐ Full Time ☐ Part Time **AND** ☐ Permanent ☐ Temporary ☐ Shift Work

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

On what date would you be available for work?

Education

| | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|--------------------------|-------------------------------|-----------------|---------------------------------|-------------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

| Indicate any foreign languages you can speak, read and / or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

Describe any specialized training, apprenticeship(s), skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.*

Employment Experience

List names of employers in consecutive order with present or last job listed first. Account for all periods of time including military service, volunteer activities and any periods of unemployment. If self-employed, give firm name and supply business references. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

| | | | | |
|--------------------|---------------------|------------|-----------------------|----|
| 1. | Employer | | Dates Employed | |
| | | | From | To |
| | Address | | | |
| | Job Title | Supervisor | Work/Duties Performed | |
| | | | | |
| | Telephone Number(s) | | | |
| Reason for Leaving | | | | |
| 2. | Employer | | Dates Employed | |
| | | | From | To |
| | Address | | | |
| | Job Title | Supervisor | Work/Duties Performed | |
| | | | | |
| | Telephone Number(s) | | | |
| Reason for Leaving | | | | |
| 3. | Employer | | Dates Employed | |
| | | | From | To |
| | Address | | | |
| | Job Title | Supervisor | Work/Duties Performed | |
| | | | | |
| | Telephone Number(s) | | | |
| Reason for Leaving | | | | |
| 4. | Employer | | Dates Employed | |
| | | | From | To |
| | Address | | | |
| | Job Title | Supervisor | Work/Duties Performed | |
| | | | | |
| | Telephone Number(s) | | | |
| Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

PLEASE NOTE: The following public records may be checked by this company on your application:
Conviction records / DMV records / References / Drug Test

TEI04.013.D

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that if there are any misrepresentations on this application or my résumé, which may be discovered any time in the future, I may be discharged immediately without severance pay.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Interviewer

Date

Employed ☐ Yes ☐ No

Date of Employment _____

Job Title _____

Hourly Rate/
Salary _____

Department _____

By _____

NAME and TITLE

DATE

NOTES: