

# T D M Inc.

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE  
APPLICATION FOR EMPLOYMENT  
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS**

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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

Date Of Birth \_\_\_\_\_

Position applied for \_\_\_\_\_ Desired Salary \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes  
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Are you a citizen of the United State?  No  Yes  
 If no, are authorized to work in the U.S.?  No  Yes  
 Have ever worked for this company?  No  Yes  
 Do you smoke?  No  Yes  
 Can you pass a drug test?  No  Yes  
 Have you ever been convicted of a sexual offence?  No  Yes  
 Have you ever been convicted of any offence with a minor?  No  Yes

Please list three references other than relatives or previous employers.

Name \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

HAVE YOU EVER BEEN IN THE MILITARY?  Yes  No  
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No  
 Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_

Discharge Date \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license

number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

### Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			
Reason for leaving (be specific)			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

Signature \_\_\_\_\_