



Employment Application

Thompson Manufacturing, Inc. is an Equal Opportunity Employer, meaning all qualified applicants will be considered for employment without regard of race, color, religion, sex, national origin, disability status, protected veteran status, sexual orientation, or any other characteristic protected by law.

Please note incomplete information could disqualify you from further consideration. **Please complete ALL fields.**

Position Applying for: _____ Application Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () - Email _____

Date Available to start: _____ Desired salary/hourly pay: \$ _____

Can you work any shift? YES NO Can you work overtime, including weekends? YES NO

Are you eligible to work in the United States of America? YES NO

Are you at least 18 years or older? YES NO Are you currently employed? YES NO

Have you ever worked for TMI? YES NO If yes, provide details: _____

How did you hear about us? Walk In Advertisement Employee Referral (Specify: _____) Other

Have you ever been terminated from employment or asked to resign by an employer? YES NO

If yes, please provide company name and details: _____

Have you been convicted of a crime in the last 7 years? YES NO If yes, please provide details: _____

Are you able to perform the essential job functions for which you are applying, with or without reasonable accommodation?
 YES NO

Education

High School: _____ City, State/Country: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City, State/Country: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City, State/Country: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three people, **not related to you**, whom you have known at least three (3) years.

	Name	Phone/Email	Company	Years known
1				
2				
3				

Employment History

Company Name: _____ Dates (From/To): _____
City, State/Country: _____ Supervisor: _____
Job Title: _____ Starting Pay:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
Reason for Leaving: _____ Phone: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Dates (From/To): _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
Reason for Leaving: _____ Phone: _____
May we contact your previous supervisor for a reference? YES NO

Company Name: _____ Dates (From/To): _____
City, State/Country: _____ Supervisor: _____
Job Title: _____ Starting Pay:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
Reason for Leaving: _____ Phone: _____
May we contact your previous supervisor for a reference? YES NO

Skills

Provide details of skills, experience and/or training that would enhance your ability to perform the position applied for:

Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish TMI any and all information concerning my previous employment, education, and qualifications for employment. I also authorize TMI to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of TMI, which rules may be changed, withdrawn, added or interpreted at any time, at TMI's sole option and without prior notice to me.

I acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I understand that no representative of TMI has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Signature: _____ Date: _____