

THOMAS TRADING INC

JOB APPLICATION

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications. Please carefully read and answer **all** questions. You may attach a résumé, but all questions must be answered.*

PERSONAL DATA			
NAME (LAST, FIRST, MIDDLE)			
STREET/MAILING ADDRESS	CITY	STATE	ZIP
PHONE NUMBER			
Date you can start work		Salary desired	Do you have a High School Diploma or GED?

POSITION INFORMATION
What are you willing to work? (Circle your answer.) FULL TIME or PART TIME
Are you authorized to work in the U.S. on an unrestricted basis? (Circle your answer.) YES or NO
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment. (Circle your answer.) YES or NO If yes, explain:
Have you been told the essential functions of the job or have you been given a copy of the job description listing the essential functions of the job? (Circle your answer.) YES or NO Can you perform these essential functions of the job with or without reasonable accommodation? (Circle your answer.) YES or NO

QUALIFICATIONS (Please list any education or training you feel relates to the position applied for that would help you perform the work.)		
School Name	Degree/Program	Address/City/State
SPECIAL SKILLS (List any special skills or experience that you feel would help you in the position that you are applying for.)		

REFERENCES (Please list two professional references not related to you, with full name, address, and relationship.)			
Name	Address/City/State	Phone	Relationship

WORK HISTORY (Start with your present or most recent employment and work back. Include paid and unpaid positions. If you'd like to add more roles, include a separate page.)		
JOB #1:	Start Date (mo/day/yr)	End date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? (Circle one.) YES or NO or N/A

JOB #2:	Start Date (mo/day/yr)	End date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for 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 the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date