APPLICATION FOR EMPLOYMENT



Attention: Human Resources 3215 Red Cleveland Blvd. Sanford, Florida 32773 (407) 585-4500

Last Name	First Name Middle Nam					Date:					
Address (number and street):						Telephone No.:					
City, State and Zip Code:		Email:									
Position desired:	Availability:	□ Day □ Sv	wing □ Grav	eyard	□ Any	Date Ava	ailable:				
Education: High school diploma or equivalent: ☐ Yes ☐ List college or university, military school, technical school t	□ No			lude ac	ldress (attach	n separate s	sheet if n	necessary):			
	From: To: Major Field:					Degree:					
		From:	To:	Ů	or Field: Degree:						
Employment History: Begin with your present or most rec You may continue on a separate page if necessary. <i>If you an</i>								past 10 year	S.		
Employer's Name (present or last position)						From (mo/yr):		o/yr):	Salary:		
Address (number, street, city, state, and zip code):						No.:	Su	Supervisor:			
Briefly Outline Major Duties:						Title:					
						Reason For Leaving:					
Employer's Name (present or last position)						yr):	To (mo	o/yr):	Salary:		
Address (number, street, city, state, and zip code):						No.:	Su	apervisor:			
Briefly Outline Major Duties:						Title:					
						Reason For Leaving:					
Employer's Name (present or last position)						(mo/yr): To (mo/yr): Salary:			Salary:		
Address (number, street, city, state, and zip code):						Telephone No.: Supervisor:					
Briefly Outline Major Duties:						Title:					
					Reason For Leaving:						
Employer's Name (present or last position)					From (mo/	yr):	To (mo	o/yr):	Salary:		
Address (number, street, city, state, and zip code):						elephone No.: Supervisor:					
Briefly Outline Major Duties:						Title:					
					Reason For Leaving:						
Employer's Name (present or last position)					From (mo/	yr):	To (mo	o/yr):	Salary:		
Address (number, street, city, state, and zip code):						Telephone No.: Supervisor:					
Briefly Outline Major Duties:					Title:						
					Reason For Leaving:						

References: List 3 business or professiona	al references.								
Name:	Company:	Daytime Phone Number:	Occupation / Relationship						
Have you ever been involuntarily terminated or asked to resign from a previous employer?									
Identification: Are you 18 years or older? ☐ Yes ☐	No	U.S. Military Service: Branch:	Rank:						
Driver's License Information: Employees of TBI US Operations, Inc. may be required to operate mobile equipment in the course of their normal duties which will require a valid driver's license as a condition of employment. Please note that an acceptable driver's abstract may be required as a condition of employment. Provide the following:									
Driver's License No.:		Date: State of Issuance:							
Professional Organizations : List professional, trade, business or civil activities. Do not include trade unions or groups whose names indicate the race, religious creed, color, sex, marital status, disability, national or ethnic origin, ancestry, or political affiliation of their members:									
Employment Eligibility: TBI hires only U.S. citizens and lawfully authorized alien workers. If hired you will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S. Are you legally eligible to work in the United States?									
ADA: Can you perform the essential functions of the job for which you applying with or without reasonable accommodation?									
Have you ever been convicted of an offense against the law and/or are you now the subject of any pending charges for any offense against the law? Include any convictions by general court-martial while in military service. (You may omit: (a) traffic violations for which you paid a fine of \$250.00 or less; and (b) any offense committed before your 18 th birthday which was finally adjudicated in a juvenile court or under a youth offender law.) Include all instances where nolo contendere (no contest) was pleaded and where bail was forfeited and where a fine was paid. (A conviction will not necessarily bar employment.) Write yes or no: If yes, provide date, place, charge and disposition:									
Have you ever submitted an application with TBI US Operations, Inc. before? ☐ Yes ☐ No If yes, please give date:									
Do you have any relatives who work for	TBI US Operations, Inc.? □ Yes □	No Provide all previous name	s used (include nicknames and aliases):						
Employment Drug Screening: Due to the sensitive nature of the work being performed at TBI US Operations, Inc. there is the need to maintain a high level of health, safety and security. To that end, a urinalysis drug screen test has been integrated into the employment medical examination interview. Further, it is the policy of TBI US Operations, Inc. not to employ individuals who use narcotics or dangerous substances, without a medically-acceptable prescription, in any amount regardless of frequency or occasion.									
I have read and understand the above. Sig	nature:		Date:						
Supporting Equality of opportunity in hiring, training, transfer, and promotion has been a TBI US Operations, Inc. policy for many years, with benefits applied fairly and equally to all without regard to race, color, religion, sex, marital and family status, sexual orientation, age, disability, national or ethnic origin, veteran status, or convictions for which a pardon has not been granted or other protected status.									
I certify that the answers I have given and the statements I have made in this application are correct, and that I have not omitted any information of consequence. I agree not to hold TBI US Operations, Inc., and/or its employees liable if my employment is terminated because I have given incorrect answers or statements or omitted important information in this application. I agree to undergo a job-related physical examination, including screening tests for illegal drugs. If I am employed as a result of this application, comply with all orders, rules, and regulations of the company. I authorize the companies, schools, and people named in this application to give TBI US Operations, Inc. any requested information about my employment or education and release them from liability for damages for giving this information. I further authorize any law enforcement agencies to give TBI US Operations, Inc. any requested information concerning any criminal conviction of myself, and I release any such agency from liability for damages for giving this information. I understand that if I am employed by the company, my employment will not be for any specified term and may be terminated by me or by the company at any time for any reason, except as otherwise specifically provided in any written agreement.									
As a condition of my application for employment, I authorize investigation of all statements contained in this application. I understand that TBI US Operation, Inc.'s decision will be based on non-discriminatory consideration and that misrepresentation or omission of requested fact, is just cause for the rejection of my application or dismissal.									
I certify that this application was completed by me and that all information I have provided is true and complete to the best of my knowledge. In the event of employment, I understand that if any of these statements or any information given in my interview are found to be untrue or there are any omissions of facts it will void this application and it will be sufficient cause for my immediate discharge without notice.									
Please note that a satisfactory Criminal Records Review will be required as a condition of employment.									
Please read the above statement and sign a	pplication: Signature		Date:						