



**Application for Employment**  
An Equal Opportunity/Affirmative Action Employer

Date \_\_\_\_\_

INFORMATION				
Last	First	Middle Initial		
Address (Street & Number)				
City	State	Zip		
Telephone	Work	Cell	E-Mail	Social Security Number

Position Desired		Salary Desired \$
Date Available to Start	<b>Referral Source</b> Newspaper ___ Internet ___ Agency ___ Friend/Relative ___ Campus ___ Walk-in ___ Other ___	
Employment Part Time Full Time Desired: Full	<b>Work Eligibility</b> Do you presently have the legal right to work for any & all employers in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No Can you verify your legal right to work in the United States by providing a U.S. Passport, unexpired employment authorization card or other suitable documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

School	Name and Location of School	Course of Study	Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Licenses/Certifications Relevant/Specialized Training				
Apprentice Training	Craft	Company	Years	

**SKILLS/QUALIFICATIONS**

Languages Spoken:		Read:	Written:
Computers:	Type of Equipment	Statistical	
	Software: Spreadsheet	Word Processing	
	Programming Languages		
	Data Base		
Typing	WPM	Shorthand	

## EMPLOYMENT HISTORY

Start with current or most recent employer. Please give complete information for Full-Time, Part-Time and Military positions.

Employer	Address	City, State, Zip	Telephone (including area code)
Supervisor - Name, Title and Phone Number			Dates of Employment
Job Titles and Duties:			Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start:                      End: Reason for Leaving

Employer	Address	City, State, Zip	Telephone (including area code)
Supervisor - Name, Title and Phone Number			Dates of Employment
Job Titles and Duties:			Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start:                      End: Reason for Leaving

Employer	Address	City, State, Zip	Telephone (including area code)
Supervisor - Name, Title and Phone Number			Dates of Employment
Job Titles and Duties:			Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start:                      End: Reason for Leaving

May we contact the employers you have listed above? Please indicate if you would like us to refrain from contacting your current employer until after a conditional offer of employment is made.

Employer Name: \_\_\_\_\_ Reason: \_\_\_\_\_

### SPECIAL QUESTIONS

Do you have a current valid driver's license?  Yes  No

Respond only if the position for which you are applying involves driving. Employment may be contingent upon a verifiable safe driving record.

Are you 18 years of age or older?  Yes  No

If under 18, a work permit or age certificate must be issued through local school district.

Have you ever been convicted of a criminal felony?  Yes  No If yes, provide date, offense and disposition:

Conviction is not necessarily a bar to employment. The Company will consider relevant facts and circumstances as they relate to the position for which you are applying. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

Do you have a relative who is currently working for Tower Industries?  Yes  No

Please list names of any relatives:

**APPLICANT'S STATEMENT**

By signing this Application, I certify and agree that:

All of the information I have provided on and in connection with this application (and any accompanying resume) is, to the best of my knowledge, true, correct and complete. I understand that any misrepresentation, omission, or false statement made by me, whenever discovered, will be sufficient cause for Tower Industries to (i) cancel further consideration of this application, (ii) rescind any offer of employment that has been made to me, or (iii) immediately discharge me from the Company's service.

I authorize Tower Industries to solicit from previous employers, schools, personal references and other individuals and entities, information they may have regarding me, and for any individual or entity so solicited to provide the information to Tower. In consideration of Tower's review of this application, I release the Company and all providers of information from liability as a result of soliciting, furnishing and/or receiving this information about me.

I understand that if employed by Tower Industries, I will be employed at-will, which means I will have the right to terminate my employment at any time with or without notice or cause and for any reason, and the Company will have the same right. I also understand that nothing will have the effect of changing my at-will status other than an agreement signed by me and an offer of the Company specifically changing my at-will status.

I agree that if I am employed by Tower, I will abide by all rules and regulations of the Company. I understand that this application is valid for consideration only for the specific position for which I have applied.

Applicant's Signature

Date