



## Employment Experience

List present or most recent job first. You may include volunteer activities if you choose to do so.

<b>1</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					
<b>2</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					
<b>3</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					
<b>4</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

### **Special Skills and Qualifications:**

Summarize special skills and qualifications acquired from employment or other experience:

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## **Applicant's Statement**

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if false or misleading information is given in my application, interview(s), or in any other portion of the hiring process, the Company has a right to reject my application or terminate my employment upon discovery of such falsification.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

If I am offered employment, I agree to undergo a medical examination, including drug testing, and I understand that any offer of employment is contingent upon the results of those examinations. I authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information about me as may be necessary. I also understand that the Company may conduct post-employment drug testing, including random drug testing, for-cause testing, and post-accident drug testing. If I am hired, I consent to such drug testing.

I understand that any employment relationship with the Company is for no fixed period of time and is terminable "at-will" either by me or the Company at any time and for any reason not in violation of the laws, and no representative of the Company other than the President of the Company has authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing and directed to me personally. I further understand that the statements contained in Company policies, handbooks, or other materials do not create any guarantee of employment and that the Company may from time to time modify or terminate existing policies, practices, benefits, plans, or other programs within the limits and requirements imposed by law.

I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that this application shall be considered active for 60 days after I sign it, and that I must reapply with TMA after 60 days to be considered for employment.

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**Signature of Applicant**

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**Date**

