

APPLICATION FOR EMPLOYMENT



Mail: P.O. Box 618
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 Blackshear, GA 31516
 Phone: 912-449-0999
 Fax: 912-449-8999
 www. tindallenterprises.net

TEI is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Personal Information

First Name:		Last Name:		Middle Name:		Prefix or Title:	
Date of Birth:		Phone Number:					
		Cell () _____			Home () _____		
Address:				Apt #		E-mail Address:	
City:		State:		Zip:		If offered employment, can you provide verification of your legal right to work in the United States? Yes _____ No _____	

General Information

Applying For:		Salary Desired:		Date Available to Work:	
Are you at least 18 years old? Yes _____ No _____		If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____		Seeking: Full Time: _____ Part Time: _____	
Have you ever been previously employed by Tindall Enterprises, Inc.? Yes _____ No _____ If yes, when? What position?				Do you have reliable transportation? Yes _____ No _____	
Have you ever filed an application with Tindall Enterprises, Inc.? Yes _____ No _____ If yes, when? What position?				List any friends or relatives employed with Tindall Enterprises, Inc.:	
Are you currently employed? If yes, may we contact your employer? Yes _____ No _____ Yes _____ No _____					
Are you legally eligible to work in this country? Yes _____ No _____				Can you travel if the job required it? Yes _____ No _____	
Have you been convicted of a felony in the past 7 years? Yes _____ No _____				Are you currently on "lay-off" status and subject to recall? Yes _____ No _____	

Physical Data

How much time have you lost from work or school during the past TWO years due to temporary injuries or illness? Include time lost for colds, flu, etc. and sick days at home if during periods of unemployment. (Attach additional sheets if necessary. Do not include time lost due to Worker's Compensation illness and injuries.)

Year	Number of Days	Nature of Illness, etc.
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Is there any type of work which your physical condition prohibits, or have you been advised by a physician not to perform certain types of work? Yes _____ If yes, please explain fully. No _____		
Would you take a physical examination if it is required for the job you are applying for? Yes _____ No _____		

Education

	Name and State of School	Did you graduate? (Yes or No)	Certificate/Major/Degree
High School			
College/University			
Tech/Trade/Military			
Other			
Other Related Course or Training Related to Desired Work, professional licenses or certificates:			
Are you currently taking any educational courses? If yes, what and where? Yes _____ No _____			

Military

Complete this section if you served in the U.S. Armed Forces.		
Branch of Service	Period of Active Duty (Month & Year) From _____ To _____	Rank and Date at Final Discharge
Describe your duties and any special training		

Employment Experience

Start with your present or last job and list each job in order. Do not omit any job. If extra sheets are necessary, please request them. We require a complete employment record.

If you are presently employed, why do you desire to change jobs?

1. Employer	Dates Employed From _____ To _____	Work Performed
Address		Telephone Number(s)
Job Title	Supervisor	Hourly Rate/Salary Starting _____ Final _____
What did you like most about your job?	What did you like least about your job?	
Reason for leaving		

2. Employer	Dates Employed From _____ To _____	Work Performed
Address		Telephone Number(s)
Job Title	Supervisor	Hourly Rate/Salary Starting _____ Final _____
What did you like most about your job?	What did you like least about your job?	
Reason for leaving		

3. Employer	Dates Employed From _____ To _____	Work Performed
Address		Telephone Number(s)
Job Title	Supervisor	Hourly Rate/Salary Starting _____ Final _____
What did you like most about your job?	What did you like least about your job?	
Reason for leaving		

Have you ever been discharged from any employment or forced to resign? If yes, please explain. Yes _____ No _____

Explain reasons for periods of unemployment of 3 or more weeks duration in the last 3 years.

References

Give name, address and telephone number of three references who are not related to you, who are qualified to evaluate your capabilities.

1. Name	Address	Area Code/Phone	Occupation	Years Known

2. Name	Address	Area Code/Phone	Occupation	Years Known

3. Name	Address	Area Code/Phone	Occupation	Years Known

How/by whom were you referred to us?

Please read the following statements carefully before signing this application. Only those applications that are completed in full, signed and dated, are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of employment regardless of when or how discovered. I authorize any of the persons or organizations referenced in this application or supplementary material, to provide the company with complete information or records concerning any of the subjects covered in my application.

I understand that my employment may be subject to the satisfactory results of any pre-employment examination required by Tindall Enterprises, Inc., including a mandatory blood and/or urine test to detect drug usage.

I understand that nothing contained in this employment application or preemployment communications is intended to create a promise or a contract between Tindall Enterprises, Inc. or myself for either employment or the providing of any benefit. I understand and agree that if I am offered and accept a position, my employment may be terminated, with or without cause, and with or without notice, at any time, at the discretion of either Tindall Enterprises, Inc. or myself, except as specifically set forth in a current written collective or individual employment agreement. I also agree to conform to all existing and future Tindall Enterprises, Inc. rules and regulations and I understand the Tindall Enterprises, Inc. reserves the right to change wages, hours, and working conditions as deemed necessary.

I further acknowledge and understand that no representative of Tindall Enterprises, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as may be specifically set out in a current written agreement signed by Tindall Enterprises, Inc.

I further acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application and authorize any of the persons or organizations referenced in this application to provide Tindall Enterprises, Inc. complete information and records concerning any of the subjects covered by this application.

Signature of Applicant

Date

This application will be active for ninety (90) calendar days after completion. After ninety (90) calendar days, this application will become inactive and if applicant wishes to be considered for another job opening, they are required to reapply by completing a new application form.