

TIP Products Employment Application



Position Are You Applying For? *(mark all that apply)*

- Light Assembly
- Machine Operator
- Quality Control
- Shipping / Receiving
- Management

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Email: _____

Are You a U.S. Citizen and/or Legally Authorized to Work in the U.S.? Yes No

Date You Can Start? _____

Salary Desired? _____

Have You Worked at TIP Before? Yes No

Have You Applied at TIP Before? Yes No

If You Were Referred, Please List Referral Name: _____

EDUCATION HISTORY

High School: _____

Number of Years Attended? _____ Graduated? Yes No

College: _____

Number of Years Attended? _____ Graduated? Yes No

Area of Study / Degree _____

Graduate School: _____

Number of Years Attended? _____ Graduated? Yes No

Area of Study / Degree _____

Trade School: _____

Number of Years Attended? _____ Graduated? Yes No

Area of Study / Degree _____

SKILLS / QUALIFICATIONS:

Skills (please list any relevant skills): _____

Qualifications (list any relevant certifications or qualifications)

U.S. Military or Naval Service: _____

Rank: _____ Honorable Discharge? Yes No

EMPLOYMENT HISTORY (start with most recent employer)

Employer 1: _____

City: _____ State: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

May We Contact? Yes No

Employer 2: _____

City: _____ State: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

May We Contact? Yes No

Employer 3: _____

City: _____ State: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

May We Contact? Yes No

Employer 4: _____

City: _____ State: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____

May We Contact? Yes No

REFERENCES *(Give the names of three persons not related to you, whom you have known at least one year)*

Reference 1: _____

Relationship: _____ Years Acquainted: _____

Phone: _____ Email: _____

Reference 2: _____

Relationship: _____ Years Acquainted: _____

Phone: _____ Email: _____

Reference 3: _____

Relationship: _____ Years Acquainted: _____

Phone: _____ Email: _____

JOB REQUIREMENTS

The job for which you are applying is a full-time position requiring you to work from 7:30a.m. to 4:00p.m. Monday through Friday. Other requirements of possible positions include:

- Standing for up to 8 hours
- Lifting up to 50 lbs. (Dollies and carts are available for heavier weights)
- Reading a standard ruler or tape measure (including fractions)
- Identifying different colors (i.e. - not colorblind)
- Operate machinery

Are there any reasons you may not be able to perform the functions mentioned above? Yes No

If yes, please explain below:

By signing name below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law.

Signature

Print Name

Date: _____