

PLEASE FILL OUT EACH SECTION COMPLETELY.

Section 1: Contact & Position Information				
Name (Last, First MI):	Position Applying For:			
Address:	Date:			
City/State/Zip:	Rate of Pay Expected:			
Are you at least 18 years of age? YES NO	Contact Phone Number:			
Date Available to Start: Currently employed? YES NO	E-Mail:			
Production/Manufacturing applicants only:				
Which shift are you available to work?	Are you available to work overtime as needed or required for any shift?			
Daylight Evenings Weekends Any	YES NO			
Section 2: General Information				
Have you filled out an application with TAKTL before? YES NO	How were you referred to TAKTL?			
List any friends or relatives currently working for TAKTL:				
Do you have reliable transportation to Turtle Creek?	YES NO			
List any languages you can speak, read or write other than English:				
Are you able to perform the essential functions of the position you are appl	ying for? YES NO			
Have you ever been found guilty of (or pled Nolo Contendere) to any crime other than a minor traffic offense?	If "Yes", please explain in full:			
YES NO				
*Answering "Yes" will not necessarily disqualify you from employment - TAKTL will take into consideration the time and seriousness of the offense.				
Please describe any experience, training, qualifications or skills you have acquired that would make you especially suited for the position to which you are applying:				
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I certify that all of the answers given and the information provided by me throughout this application are true and complete to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent information may result in disqualification or termination from employment at any time. Unless otherwise noted, I authorize TAKTL to conduct an investigation of my personal and employment history, included but not limited to contacting former employers for reference verification. I understand that if employed, I will be required to provide proof that I am over 18 years of age, have a legal right to work within the United States, and if required, be bonded. Upon my acceptance for employment, I understand and agree that such employment is considered "AT WILL" for no specific term and may be terminated at any time by either myself or TAKTL, with or without cause. I further understand and agree that the agreement contained in the preceding sentence cannot be modified in any respect except in a written document executed by the authorized agent of TAKTL. I fully understand that if I am employed by TAKTL, the Company retains the unrestricted right to search and inspect any property on site. I will return any and all Company issued property immediately upon separation. Your signature authorizes TAKTL to collect background and drug screen results from any affiliated hiring agencies to fulfill pre-hire requirements.				
Applicant's Signature:	Date:			



Section 3: Education, Training + Experience								
	Name + Location	# Years Completed	Did You Graduate?	Degree\Diploma				
High School			YES NO					
College/University			YES NO					
Vocational/Trade			YES NO					

Section 4: Professional References Please list three (3) persons you have known for at least one (1) year. DO NOT LIST relatives.					
#1 Contact Name:		Name of Company:			
Occupation:		City:	State:		
Telephone:	E-Mail:	Years Acquainted:			
#2 Contact Name:		Name of Company:			
Occupation:		City:	State:		
Telephone:	E-Mail:	Years Acquainted:			
#3 Contact Name:		Name of Company:			
Occupation: City:		City:	State:		
Telephone:	E-Mail:	Years Acquainted:			



Section 5: Employment History							
1. Name of Employer:			Telephone:				
Nature of Business:	Name of Supervisor:						
Address:		City:	State:		Zip:		
Employed From:	Employed To:	Starting Rate of Pay: Ending Rate of Pay:					
Postion + Duties:							
Reason for Leaving:		May we contact this employer for a re	eference? YES NO		NO		
2. Name of Employer:			Telephone:				
Nature of Business:	ture of Business: Name of Supervisor:						
Address:		City: State			Zip:		
Employed From:	Employed To:	Starting Rate of Pay: Ending Rate of Pay:					
Postion + Duties:							
Reason for Leaving:		May we contact this employer for a referer	nce? YES		NO		
3. Name of Employer:			Telephone:				
Nature of Business:		Name of Supervisor:					
Address:		City:	State:		Zip:		
Employed From:	Employed To:	Starting Rate of Pay:	Ending Rate of Pay:				
Postion + Duties:							
Reason for Leaving:		May we contact this employer for a reference?		YES	NO		
4. Name of Employer:			Telephone:				
Nature of Business:		Name of Supervisor:					
Address:		City:	State:		Zip:		
Employed From:	Employed To:	Starting Rate of Pay: Ending Rate of Pay:					
Postion + Duties:							
Reason for Leaving:		May we contact this employer for a reference?		YES	NO		