



TRUSTED. LOYAL. CREATIVE. | A DIVISION OF TIM'S LIGHTING COMPANY, INC.

APPLICATION FOR EMPLOYMENT

558 Eisenhower Drive, Suite A | Kimberly, WI 54136 | 920.731.4852 | tlcsign.com

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ ARE YOU 18 YEARS OLD OR OLDER? YES ___ NO ___

DESIRED EMPLOYMENT

POSITION: _____ DATE AVAILABLE: _____ SALARY DESIRED? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU EVER APPLIED FOR A POSITION WITH TLC SIGN? _____

HAVE YOU EVER WORKED FOR TLC SIGN BEFORE? _____

IF YES, LIST POSITION AND DATE _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING: _____

HOW DID YOU LEARN OF TLC SIGN? _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	NO. OF YEARS ATTENDED	DEGREE/ DIPLOMA	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____	_____
TECHNICAL/ VOCATIONAL	_____	_____	_____	_____
COLLEGE/ UNIVERSITY	_____	_____	_____	_____

GENERAL EXPERIENCE

DO YOU HAVE ANY OF THE FOLLOWING EXPERIENCE OR KNOWLEDGE:

ELECTRICAL WIRING: _____ ALUMINUM WELDING: _____ STICK WELDING: _____ WIRE WELDING: _____

TORCH: _____ PLASMA CUTTER: _____ OPERATE CRANE TRUCK: _____ SKID LOADER: _____

LIST ANY OTHER SKILLS THAT MAY BE HELPFUL: _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST FIVE YEARS? YES _____ NO _____

IF YES, PLEASE EXPLAIN. THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION: _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES.

NAME	ADDRESS	BUSINESS	TELEPHONE

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

AUTHORIZATION

"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. I authorize the references and employers 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 the company from any liability from damage that may result from utilization of such information.

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

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by TLC Sign and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to TLC Sign the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the TLC Sign Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate TLC Sign to hire. If hired, I agree to abide by all Company work rules, policies and procedures. TLC Sign retains the right to revise its policies or procedures, in whole or in part, at any time.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY INTERVIEWED BY: _____ HIRED: YES _____ NO _____

POSITION: _____ REPORT TO: _____ SALARY: _____ APPROVED BY: _____