



TCI Manufacturing & Equipment Sales
 P.O. Box 306
 28524 1250 E Street
 Walnut, IL 61376
 815-379-2090 Office 815-379-2690 Fax

Prior to interviews, all applicants to TCI Manufacturing shall fill out this application.

Application for Employment

TCI Manufacturing is an EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions. Please fill out each box. (Do not just indicate "See Resume.") Applications with missing or incomplete information may not be considered for any position.

Position Applying For:		Date of Application:	
How did you learn about this employment opportunity? <i>Check all that apply:</i>			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Website	
<input type="checkbox"/> Dept. of Labor		<input type="checkbox"/> Job Bulletin (Posting)/Walk-in	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Referral by Employee	
		<input type="checkbox"/> Other:	
Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number (Optional): <i>Note: Will be required upon job offer.</i>		Home Phone:	Work Phone:
			Cell Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work _____	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide proof of eligibility to work?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by TCI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential physical and mental tasks of the work?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application with TCI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current TCI employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their names & their relationship to you?	
Can you travel if job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Read:	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Spoken:	
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license# and expiration date:	

EDUCATION:

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree Received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

OPTIONAL & VOLUNTARY: Professional, trade, business or civic activities and offices held. (Please note you may exclude membership which could reveal gender, race, religion, age national origin, ancestry, disability or other protected status.)

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate or expert).

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If

you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume". **TCI Manufacturing reserves the right to contact all current and former employers for reference information.**

Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title: _____
		If part time, # hrs./wk: _____	
Supervisor's Name, Title and Phone#:		Organization Name and Address:	
		Other Reference Name, Title and Phone#:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title: _____
		If part time, # hrs./wk: _____	
Supervisor's Name, Title and Phone#:		Organization Name and Address:	
		Other Reference Name, Title and Phone#:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title: _____
		If part time, # hrs./wk: _____	
Supervisor's Name, Title and Phone#:		Organization Name and Address:	
		Other Reference Name, Title and Phone#:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title: _____
		If part time, # hrs./wk: _____	
Supervisor's Name, Title and Phone#:		Organization Name and Address:	
		Other Reference Name, Title and Phone#:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	

REFERENCES:

<u>Name</u>	<u>Company</u>	<u>Title</u>	<u>Address or Email</u>	<u>Phone</u>
1.				
2.				
3.				

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

- * I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date.
- * I authorize TCI Manufacturing to investigate, without liability, all statements contained in this application and supporting materials.
- * I authorize references and former employers, without liability, to make a full response to any inquires in connection with this application for employment.
- * If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.
- * I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of TCI Manufacturing serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.
- * If employed, I will be required to furnish proof of eligibility to work in the United States, and any other information required to be provided to employer by law or for benefit eligibility, and to comply with company and departmental policies, practices, rules and regulations.
- * I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.
- * I understand that if offered employment, I will be required to complete a Form I-9 and that the company reserves the rights to terminate my employment if said information is processed through E-Verify and I am unable to resolve any discrepancies in my information with the Social Security Administration, the Department of Homeland Security or any other applicable government agency.

Applicant Signature: _____

Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

ARRANGE INTERVIEW

Yes

No

REMARKS:
