



# APPLICATION FOR EMPLOYMENT

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Federal and state law prohibits discrimination in employment because of sex, age, race, color, religion, marital status, national origin, ancestry, disability, citizenship status, pregnancy, veteran status, membership in the armed services, or any other category protected by law.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security # \_\_\_\_\_ Position Applied For \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

If under 18, do you have a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, can you provide proof that you are legally entitled to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

### THREE PREVIOUS EMPLOYERS

Name	Address	Phone	Title	Supervisor	From	To

Have you ever been terminated or asked to resign from any job? Yes \_\_\_ No \_\_\_ If yes, please explain the circumstances.

Please explain any discipline or counseling you have received from your previous employer. \_\_\_\_\_

Please explain any gaps in your employment history (include any period of unemployment). \_\_\_\_\_

May we contact your current employer? Yes \_\_\_ No \_\_\_ If no, please explain. \_\_\_\_\_

What kind of reference will you expect former employers will give? GOOD \_\_\_ FAIR \_\_\_ POOR \_\_\_

Have you been convicted, plead guilty, plead no contest, or entered a similar plea for any of the following:

1. Felony Yes \_\_\_ No \_\_\_
2. Any misdemeanor other than traffic violations: Yes \_\_\_ No \_\_\_

If yes to either question, give particulars on a separate statement. Please note that your answers to these questions must include any suspended imposition of sentence, any suspended execution of sentence and any period of probation and parole (A conviction record will not necessarily bar your from employment, as factors such as the date of the offense, the relations of the offense, the seriousness and nature of the offense, and any rehabilitation will be taken into account.).

When will you be available for work? \_\_\_\_\_

Do you have any commitments to any other employer which may affect your employment? Yes \_\_\_ No \_\_\_ If yes, please explain

Have you ever worked for this company before? Yes \_\_\_ No \_\_\_ If yes, please give dates, position and location.

Do you have any friends or relative working for the company? Yes \_\_\_ No \_\_\_ If yes, please list the name, relationship and location you were employed.

Did a current TCC employee refer you to apply for this position? Yes \_\_\_ No \_\_\_ Name of employee \_\_\_\_\_

If yes, is employee referral form included with applications? Yes \_\_\_ No \_\_\_

-OVER-

ACKNOWLEDGEMENT

The facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed false, misleading or omitted information contained in this application may result in a "no-hire" or immediate discharge. If granted a conditional offer of employment, I agree to a medical examination, at no personal expense, and agree that the examine physician may disclose the results of the exam to Tiffany Care Centers, Inc.

I understand that the terms, conditions, compensation, benefits, hours, schedule and duration of employment may be determined, changed, modified from time to time by Tiffany Care Centers. I understand further that my employment is at-will and can be terminated, with or without cause, and with or without notice, at any time at the option of either Tiffany Care Centers, Inc. or myself.

Further, I understand that verification will be requested for the information listed above and authorize Tiffany to make any appropriate inquiry to verify the information I have provided.

I also authorize Tiffany Care Centers, Inc. to provide truthful information concerning my employment with it to future employers and to the extent allowable under the law I agree to hold it harmless for providing such information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_