



Employment Application

Please Scan and Email completed application to apply@tso3.com

Last Name		First Name		Middle Initial		Social Security Number			
Street Address		City		State		Zip Telephone Number			
Email Address									
If TSO3 employs you, can you provide proof of your right to remain & work in the United States? If under 18, please indicate your age _____				Yes		No			
What position are you applying for?				What other position would you consider?					
Date Available		Salary Desired		Referred to TSO3 by?					
Have you ever applied at TSO3 before?				If yes, please state when and location					
Do you have any relatives at TSO3?		Yes		No		If yes, give name, relationship; and location where they work			
Military Service: Date: From _____ To _____ Branch _____ Discharge Date: _____				Special Skills:					
Are there any restrictions on hours available to work? Yes _____ No _____ If yes, please state: _____				In case of an emergency notify: _____ Telephone number: _____					
Name of School		Location		Last Grade Completed		Major		Degree/Diploma	
High School									
College									
Graduate School									
Trade, Business or Correspondence School									
List any special skills:									

Employment Record – List your last three employers (starting with the last or current employer first). Attach an additional sheet if required.

Name of previous employer:		Company phone number:		Your position:		Employment dates (month & Year)	
Street address:		May we contact? Yes ___ No ___		List your duties responsibilities:		From: _____ To: _____	
City:		Supervisor:				Reason(s) for Leaving:	
State: _____ Zip: _____						Starting Salary:	
Name of previous employer:		Company phone number:		Your position:		Employment dates (month & Year)	
Street address:		May we contact? Yes ___ No ___		List your duties responsibilities:		From: _____ To: _____	
City:		Supervisor:				Reason(s) for Leaving:	
State: _____ Zip: _____						Starting Salary:	
Name of previous employer:		Company phone number:		Your position:		Employment dates (month & Year)	
Street address:		May we contact? Yes ___ No ___		List your duties responsibilities:		From: _____ To: _____	
City:		Supervisor:				Reason(s) for Leaving:	
State: _____ Zip: _____						Starting Salary:	
						Ending Salary:	

I certify that all the information I have provided in order to apply for employment with the employer is true, complete and correct. I understand that any information that is provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from my employment if I have been hired, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or in my resume or job interview. I hereby waive any rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 30 days. If I am hired, I understand that this application becomes part of my official employment record. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to contrary to any of the above and that no implied, oral or written agreement contrary to the foregoing express language are valid. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States.

READ CAREFULLY BEFORE SIGNING:
 I agree that any claim or lawsuit relating to my service with TSO3 or any of its subsidiaries or affiliates must be filed no more than six(6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I have read and understand the contents of this employment application, and I am fully able and competent to complete it.

Signature of Applicant:		Date
Print Name:		