TYLER WEATHERMAKERS, INC. APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date	
Street Address			Home Phone	
City, State, Zip			Cell Phone	
Position Desired			Pay Expected	
Are you legally eligible for employment in the United States?			Social Security #	
Other special training or skills (languages, machine operation, etc.)			When will you be available to work?	
Apart from absence for religious observa If not, what hours can you work?	nce, are you availat	ble for full time work?	Will you work overtime or out of town if asked?	

Education					
School	Name and location of School	Course of Study	# of years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					
Elementary					

Company Name	Telephone
Address	Employment dates FromTo
Name of Supervisor	Weekly Pay StartEnd
State job title and description of work performed	Reason for leaving

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We may contact the employers listed above unless you indicate those you do not want us to contact. DO NOT CONTACT_____

MILITARY

Did you serve in the armed forces? _____ If so what Branch? _____ Describe any training received relevant to position for which you are applying._____

MEMBERSHIPS

Please list any memberships in professional or civic organizations (Exclude those which may disclose your race, color, religion or national origin)

Please state the names of relatives and friends working for us.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court._____ If yes describe in full

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

The information provided in the Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Date

Signature

TYLER WEATHERMAKERS, INC. Disclosure and Release Form

As part of the application process for employment at TYLER WEATHERMAKERS INC. I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for TYLER WEATHERMAKERS and/or its agents contacted by TYLER WEATHERMAKERS to obtain information.

In addition, I release and discharge TYLER WEATHERMAKERS, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at TYLER WEATHERMAKERS. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Upon request, TYLER WEATHERMAKERS will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: TYLER WEATHERMAKERS INC

> 2503 E ERWIN STREET TVLER TEXAS 75702

		Р	HONI	E (903) 592-86 (903) 592-71	11
True and complete		Г	АЛ	(903) 392-71	/1
Legal Name: First		Middle			
Last					
Maiden or other names used:				Dates us	sed
Present street address:				Years of	residence
City:	County			State	Zip
Previous street address:				Years of	residence
City:	County			State	Zip
Other cities and states lived in d	uring the past seven	years:			
City:				State	Zip
City:	County			State	Zip
Date of birth:	(month/day/ye	ar) this is ı	ised fo	or criminal and	l driving records
Social Security Number:		_			
Drivers License Number:		_			
Signature:					