

Application for Employment

TOPEL'S SERVICE CENTER, INC.

We sincerely appreciate your interest in employment with TOPEL'S SERVICE CENTER, INC. (TSCI) and assure you that we are interested in your qualifications. To give us a clear understanding of your background and work history, we ask that you fill in all information requested. This greatly helps us in our screening process and enables us to place candidates in positions that best meet their qualifications and our needs. *(A résumé does not replace the requirement to have this form completed. However, it may be included).* Incomplete applications will not be considered. Applications are considered active for 90 days for position applied for. If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to help you.

PLEASE PRINT

Last Name		First Name		Middle Name	Date of Application
Address	Number	Street	City	State	Zip code
Telephone Number(s)		Home: _____		Cell Phone: _____	
Work: (optional) _____		May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
State age if Under 18:	When is the best time To contact you?		Position you are applying for:		
Is this in response to an advertised position? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Work Status Preference: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>		
If offered employment, when would be able to start? Mo. ____ / date ____ / Yr. ____		Rate/Range of pay desired: _____ / hr or _____ yr.			
Have you ever been employed with us? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, position(s) held and approximate dates worked:			
Have you ever applied with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please give date(s) and position(s) applied for.			
Do you have any relative(s) currently working for us? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is (are) their relationship(s) to you?			
Do you have reliable transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you on lay-off and/or subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>			
*Can you prove such status, if offered employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	*May you lawfully work in these United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, and/or unsure, please explain: _____				
Are there any work hour and/or overtime considerations that may limit your availability for work or overtime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: <i>(Note: We will make reasonable accommodations regarding such conditions as required by law)</i>					
Have you been convicted of a crime, which has not been removed from your record, or have an arrest with a pending conviction? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date, place, and nature of conviction. * _____					
* Note: A criminal record does not constitute an automatic bar to employment. It will be considered only as it relates to the job for which you are applying.					
Have you ever been terminated, discharged or asked to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, please explain. _____	
Do you have a valid driver's license issued by our state? Yes <input type="checkbox"/> No <input type="checkbox"/> DL# _____					
List any special driver's licenses? _____					
Have you had your license suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been denied Insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>					

(Please continue on next page)

WORK/PROFESSIONAL EXPERIENCE

Start with your present or last job and leave no gaps showing immediate prior employment regardless of length of employment.

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
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Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

If you answered 'no' for contacting any previous employer, please explain below.

References

Please list 3 **(E)** Employment references (preferably supervisory) and one **(P)** Personal reference. Do not include family members.

(E)	Name of Person	Name of Business	Relationship
	Address	City, State, Zip	Phone
(E)	Name of Person	Name of Business	Relationship
	Address	City, State, Zip	Phone
(E)	Name of Person	Name of Business	Relationship
	Address	City, State, Zip	Phone
(P)	Name	Address	Phone
	Relationship	City, State, Zip	

Position Specific: Qualifications / Skills / Certifications, etc.

Please list the qualifications, experiences, licenses, certification, etc. that you feel especially qualify you for this position.

Education

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Post high School	1 2 3 4 5 6 +
Name of last school attended:		Location:		
Most current degree achieved:		Where obtained:		

TOPEL'S SERVICE CENTER, INC.

Applicant Acknowledgment

(Please read carefully, and then sign below)

- I certify that all statements and information contained in this application were made by me and are true, correct and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of any kind on this form and/or during **TOPEL'S SERVICE CENTER, INC. (TSCI)** employment process may result in denial of employment, or be cause for subsequent dismissal if hired.
- I authorize **TSCI** to investigate my responses on this application and to contact all former employers or any individuals familiar with my employment background and me unless so specified otherwise within the reference section of this application form. I also understand that criminal convictions, driving records, verification of licenses, certifications and/or degree and/or credit records checks are required for specific positions as a condition of employment and/or continuation of my employment and that I will be notified if this is a requirement during the employment application/interview process or following an offer of employment, if required by law. **TSCI** reserves the right to condition such investigations for purposes of verifying information I have provided or for obtaining any information — whether favorable or unfavorable — about my employment or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and/or my employment, as conditioned by law. I understand that as part of the application process I may be required to participate in various pre-employment assessments and as a condition of employment, be required to complete all employment related paper work and/or processes.
- I understand that upon receiving a job offer, a physical examination and/or drug screening may be required. (Note: If this is a job requirement, you will be notified of this requirement following an offer of employment. Such requirement would have to be successfully completed as a condition of employment.)
- Regardless of whether or not I become employed by **TSCI**, I recognize that this form, **TSCI's** application process, and any offer of employment should not be considered as a contract of employment. I understand:
 - That employment with **TSCI** is on an "At-Will" basis and that either the company or I can terminate my employment with or without cause and/or notice, at any time, unless I have been issued a written employment contract;
 - That no person other than **TSCI's Company President & Owner** has the authority to offer any agreement regarding employment or an employment contract;
 - That unless such employment agreement /contract has been executed in writing to me by **TSCI's Company President & Owner**, my employment with **TSCI** is "At-Will" and I in no way bind **TSCI** to a contractual agreement regarding permanency of employment.

Applicant Signature of Understanding & Agreement

____/____/____
Date

Please print name

____ - ____ - ____
Social Security Number

**Thank you for your time and interest in pursuing employment with
TOPEL'S SERVICE CENTER, INC.**

An Equal Opportunity Employer