



2027 Rice Street
 Roseville, MN 55113
 651-489-2595
 Fax 651-489-0410
sfrith@tse-inc.org

APPLICANT INFORMATION

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after 60 days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, citizenship, age, disability, sex, marital status, sexual orientation, or any other characteristic protected by Local, State or Federal law.

Last Name		First	M.I.	Today's Date	
Street Address					
City		State	Zip		
Phone		Cell Phone			
How long have you lived here?					
E-mail Address					
Date Available				Desired Salary	
Position Applied for					
Can you work any day of the week or shift required?					
Do you have the legal right to remain and work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	After an offer of employment has been made, can you submit proof of citizenship or legal entry into country?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for TSE before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
How did you learn about this position and why are you interested in working here?					
If referred by a current TSE employee, state name here:					

JOB-RELATED SKILLS

All positions at TSE require you to drive. Do you have the appropriate driver's license? YES NO

Have you had any moving violations in the past 5 years? YES NO

If "Yes" please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or our organization.

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER	Company		Phone ()		
	Address		Supervisor		
	Job Title		Starting Salary	Ending Salary	
	Please describe your responsibilities.				
	From	To	Reason for Leaving		
	May we contact your present employer for verification? YES <input type="checkbox"/> NO <input type="checkbox"/>			May we contact you at your place of business? If yes, telephone number:	
SECOND MOST RECENT EMPLOYER	Company		Phone ()		
	Address		Supervisor		
	Job Title		Starting Salary \$	Ending Salary \$	
	Please describe your responsibilities.				
	From	To	Reason for Leaving		
	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
THRID MOST RECENT EMPLOYER	Company		Phone ()		
	Address		Supervisor		
	Job Title		Starting Salary \$	Ending Salary \$	
	Please describe your responsibilities.				
	From	To	Reason for Leaving		
	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EDUCATION

High School		Address		
		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Are you attending school now?		If yes, where?		

REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives.

Name	Email Address/Phone	Years Known/Relationship
1.		
2.		
3.		

DISCLAIMER AND SIGNATURE

IMPORTANT – READ BEFORE SIGNING

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment will be "at-will", and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name (*please print*)

Signature

Date