TFP CORPORATION

Employment Application

We Are An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, disability, age or ancestry.

APPLICANT INFORMATION (PLEASE PRINT)					
Last Name	First		M.I.	Date	
Street Address			Apartment/Unit #		
City	State		ZIP		
Phone	E-mail Address				
Date Available	Desired Salary/Rate		Who referred you to us?		
Position Applied for					
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?		
Have you ever been convicted of a criminal offense other than a minor traffic violation?	YES ☐	NO ☐	If yes, explain		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES ☐	NO ☐	Degree
College			Address		
From	To	Did you graduate?	YES ☐	NO ☐	Degree
Other			Address		
From	To	Did you graduate?	YES ☐	NO ☐	Degree

REFERENCES	
Please list references who are not relatives or former employers.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT – MOST RECENT FIRST			
Company			Phone
Address			Supervisor
Job Title		Starting Rate $	Ending Rate $
Responsibilities			
From	To	Reason for Leaving	
Company			Phone
Address			Supervisor
Job Title		Starting Rate $	Ending Rate $
Responsibilities			
From	To	Reason for Leaving	
Company			Phone
Address			Supervisor
Job Title		Starting Rate $	Ending Rate $
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE – READ CAREFULLY BEFORE SIGNING
I understand that this application does not constitute an employment contract or an offer for employment. I further understand that if I am offered a position of employment, that my employment will be "at will,'" and that either I or the Company may terminate the employment at any time for any reason with or without cause and with or without notice. I also understand that no individual representative of the Company, other than the president, may alter this employment relationship, either verbally or in writing. I understand that I must at all times abide by the Company's rules and regulations. I authorize the investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I further release and hold harmless the Company and all parties providing information from all liability for any claim or damage that may result from furnishing such information to you. I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false or misleading information provided on this application (including all attachments) or at the time of any interview(s) will make me subject to immediate termination without notice.
Signature / Date

Note : This application becomes void 60 days from this date.

APPLICANT DISCLOSURE FORM

Applicant Name: _____

Date of Application: _____

Please note that in order to maintain a Drug and Smoke Free Environment all Applicants must complete this form prior to receiving an Application.

Please answer the following questions by checking the appropriate response.

1. I can successfully pass a drug screen for illegal drug use. Yes _____ No _____

2. I currently have a valid state issued driver's license. Yes _____ No _____

3. Do you use any type of tobacco products? Yes _____ No _____

4. Do you vape or use electronic cigarettes? Yes _____ No _____

I hereby give my consent to TFP Corporation, 460 Lake Rd, Medina, Ohio 44256, and to any test laboratory used by TFP Corporation to perform the appropriate test(s) to identify the presence of drugs and/or alcohol. I furthermore give my permission for the test results to be released to TFP Corporation or any person designated by TFP Corporation.

I understand that refusal to take this test, attempts to adulterate the sample, or a positive test for illegal drug use will result in my application for employment being denied.

I also acknowledge that this completed form will become part of my application and that any misrepresentation(s) will result in my application for employment being denied. If any misrepresentation(s) are discovered after starting employment you will be subject to immediate termination without notice.

Signature: _____ Date: _____