



TAYLOR-MADE
INVESTMENT GROUP LLC

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE:

SOCIAL SECURITY NUMBER (SSN):

DATE OF BIRTH:

DATE AVAILABLE:

DESIRED PAY: \$

☐ HOUR ☐ SALARY

POSITION APPLIED FOR:

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO*

*IF YES, WRITE THE START AND END DATES:

HAVE YOU EVER BEEN

CONVICTED OF A FELONY? ☐ YES ☐ NO*

*IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL:

CITY / STATE:

GRADUATE? ☐ YES ☐ NO

DIPLOMA:

COLLEGE:

CITY / STATE:

GRADUATE? ☐ YES ☐ NO

DEGREE:

OTHER:

CITY / STATE:



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PREVIOUS EMPLOYMENT

EMPLOYER 1:

COMPANY / INDIVIDUAL:

PHONE:

ADDRESS:

STREET ADDRESS APT/SUITE:

CITY:

STATE:

ZIP CODE:

STARTING PAY: \$

☐ HOUR ☐ SALARY

ENDING PAY: \$

☐ HOUR ☐ SALARY

JOB TITLE:

RESPONSIBILITIES:

FROM:

TO:

REASON FOR LEAVING:

EMPLOYER 2:

COMPANY / INDIVIDUAL:

PHONE:

ADDRESS:

STREET ADDRESS APT/SUITE:

CITY:

STATE:

ZIP CODE:

STARTING PAY: \$

☐ HOUR ☐ SALARY

ENDING PAY: \$

☐ HOUR ☐ SALARY

JOB TITLE:

RESPONSIBILITIES:

FROM:

TO:

REASON FOR LEAVING:



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REFERENCES (PROFESSIONAL ONLY)

FULL NAME:		RELATIONSHIP:	
COMPANY:		TITLE:	
E-MAIL:		PHONE:	
FULL NAME:		RELATIONSHIP:	
COMPANY:		TITLE:	
E-MAIL:		PHONE:	

MILITARY SERVICE

ARE YOU A VETERAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH:	RANK AT DISCHARGE:
FROM:	TO:
TYPE OF DISCHARGE:	
IF NOT HONORABLE, PLEASE EXPLAIN:	

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE		DATE	
PRINT NAME			