EMPLOYMENT APPLICATION



Please complete the entire application.

1	Emn	lover	Inform	ation
1.	Linp	ioyci	mom	anon

Employer:	TCR Genetics LLC
Address:	5401 W Lawrence Ave
City/State/ZIP:	
Telephone:	3473083837
and employees with	CR Genetics LLC to provide equal employment opportunities to all applicants out regard to any legally protected status such as race, color, religion, gender disability or veteran status.
2. Applicant In	formation
Applicant Full Name	:
Home Address:	
City/State/ZIP:	
Number of years at t	his address:
Daytime phone:	Evening phone:
Driver's License (Sta	ate/Number):
3. Emergency	Contact
Who should be conta	acted if you are involved in an emergency?
Contact Name:	·
Relationship to you:	·
Address:	
City/State/ZIP:	
Daytime phone:	Evening phone:
4. Job Position	Applied For:Driver

Salary Desired: \$ _____ per ____

5.

6.	Who referred you to our company?
7.	Are you at least 18 years old? Yes No
8.	Are you willing to work any shift, including nights and weekends? Yes No If no, please state any limitations:
9.	If applicable, are you available to work overtime? Yes No
10.	If you are offered employment, when would you be available to begin work?
11.	If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No
12.	Applicant Employment History
and m gaps i Emplo Super Addre City/S Job D Reaso	State/ZIP:
Super Addre City/S Job D Reaso	State/ZIP:
_	oyer Name: visor Name:

Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:						
Dates of Employmen	nt (Month/Y	'ear):				
13. Applicant's Education and Training						
College/University N	Vame and A	ddress				
Did you receive a de	gree?	Yes	No	If yes, degree(s) received:		
High School/GED N	ame and A	ddress				
Did you receive a de	gree?	Yes	No			
Other Training (grad	uate technic	cal vocational	D·			
outer Training (grad	aute, teemin	cui, vocationa	.,.			
			es or certific	cations that you hold:		
Awards, Honors, Spe	ecial Achiev	vements:				
14. References						
List any two non-rela	atives who v	would be willi	ng to provid	de a reference for you.		
Name:						
Address:						
City/State/ZIP:						
Telephone:						
Relationship:						
Name:						
Address:						
City/State/ZIP:						
Telephone:						
Relationship:						

15.	Please provide any other information that you believe should be considered, including
	whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize TCR Genetics LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of TCR Genetics LLC, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AGREE TO ITS TERMS.		
APPLICANT SIGNATURE	 DATE	