

# **TIP Products Employment Application**



## **Position Are You Applying For? (mark all that apply)**

- |  |  |
|--|--|
| <input type="radio"/> Light Assembly   | <input type="radio"/> Shipping / Receiving |
| <input type="radio"/> Machine Operator | <input type="radio"/> Management           |
| <input type="radio"/> Quality Control  |  |

## **PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are You a U.S. Citizen and/or Legally Authorized to Work in the U.S.?    Yes    No

Have you ever been convicted of a felony? Yes or No    If Yes, please explain \_\_\_\_\_

Salary Desired? \_\_\_\_\_    Date you can start? \_\_\_\_\_

Have You Worked at TIP Before?    Yes    No

Have You Applied at TIP Before?    Yes    No

If You Were Referred, Please List Referral Name: \_\_\_\_\_

## **EDUCATION HISTORY**

**High School:** \_\_\_\_\_

Number of Years Attended? \_\_\_\_\_    Graduated?    Yes    No

**College:** \_\_\_\_\_

Number of Years Attended? \_\_\_\_\_    Graduated?    Yes    No

Area of Study / Degree \_\_\_\_\_

**Graduate School:** \_\_\_\_\_

Number of Years Attended? \_\_\_\_\_    Graduated?    Yes    No

Area of Study / Degree \_\_\_\_\_

**Trade School:** \_\_\_\_\_

Number of Years Attended? \_\_\_\_\_ Graduated?    Yes                      No

Area of Study / Degree \_\_\_\_\_

**SKILLS / QUALIFICATIONS:**

Skills *(please list any relevant skills)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications *(list any relevant certifications or qualifications)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. Military or Navel Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Honorable Discharge?    Yes                      No

**EMPLOYMENT HISTORY** *(start with most recent employer)*

**Employer 1:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May We Contact?    Yes                      No

**Employer 2:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May We Contact?      Yes              No

**Employer 3:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May We Contact?      Yes              No

**Employer 4:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May We Contact?      Yes              No

**REFERENCES** *(Give the names of three persons not related to you, whom you have known at least one year)*

Reference 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 3: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **JOB REQUIREMENTS**

The job for which you are applying is a full-time position requiring you to work from 7:30a.m. to 4:00p.m. Monday through Friday. Other requirements of possible positions include:

- ☐ Standing for up to 8 hours
- ☐ Lifting up to 50 lbs. (Dollies and carts are available for heavier weights)
- ☐ Reading a standard ruler or tape measure (including fractions)
- ☐ Identifying different colors (i.e. - not colorblind)
- ☐ Operate machinery

Are there any reasons you may not be able to perform the functions mentioned above?                      Yes                      No

If yes, please explain below:

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By signing name below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law.

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Signature

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Print Name

Date: \_\_\_\_\_