

# APPLICATION FOR EMPLOYMENT

## TSL COMPANIES

9902 South 148<sup>th</sup> Street; Omaha, NE 68138-3820

Fax Number 402-895-6495

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or the presence of a non-job-related medical condition or handicap. Federal law obligates us to provide reasonable accommodations to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Applicants should inform us if any special accommodations are needed to complete the application process or to perform any essential functions of the position sought.

### **PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle Initial  
Social Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street No. City/Town State Zip Code

Cell Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ How related \_\_\_\_\_

### **JOB INFORMATION**

Position applying \_\_\_\_\_ Other Career Interests \_\_\_\_\_

Shift preferred \_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Salary desired \_\_\_\_\_ Please describe any work  
schedule limitations

\_\_\_\_\_

If necessary, what is the best time to call you at home? \_\_\_\_\_

May we contact you at work? \_\_\_\_ if "yes", work number and best time to call \_\_\_\_\_

Are you legally entitled to work in the United States? **Yes or No.** Have you ever been convicted of a crime or felony (exclude traffic violations)? **Yes or No.** If yes, please explain:

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Note: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.

Are you at least 16 years of age? **Yes or No.** Have you ever been employed here

before? **Yes or No.** If "yes" indicate department: \_\_\_\_\_

Date(s) \_\_\_\_\_ Have you ever submitted an application here before? **Yes or**

**No.** If "yes" indicate position applied for: \_\_\_\_\_

Date (s) \_\_\_\_\_

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Are you willing to work overtime? **Yes or No.** Are you willing to travel? **Yes or No.**

**Referral Source:** Ad \_\_\_ Agency \_\_\_ School \_\_\_ Direct Contact \_\_\_ Friend \_\_\_ Relative \_\_\_

Other \_\_\_ Name of Referral Source listed: \_\_\_\_\_

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodations? **Yes/No** \_\_\_\_ If accommodations are needed, you may explain here: \_\_\_\_\_

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### **EMPLOYMENT DATA**

**List all full-time, part-time, temporary or self-employment for the last ten years.**

**Begin with current or most recent employer. (Use an additional sheet if necessary).**

Please complete all items—do not refer to attached resume.

**Employer:** \_\_\_\_\_ Dates Employed /From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Salary Earnings /From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving or if still employed reason for looking for other employment:

**Employer:** \_\_\_\_\_ Dates Employed /From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Salary Earnings /From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ Dates Employed /From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Salary Earnings /From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ Dates Employed /From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Salary Earnings /From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_ Your Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

Comments (including explanation of any gaps in employment)

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## **MILITARY DATA**

Veteran of the U.S. Military Service? **Yes or No.**

Branch of Service: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rank \_\_\_\_\_

Please provide details of Service duties, which may apply to civilian occupations: \_\_\_\_\_

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## **EDUCATIONAL DATA**

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

Address \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Course/Major \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Received \_\_\_\_\_

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

College Address \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Course/Major \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Received \_\_\_\_\_

**Graduate school** \_\_\_\_\_

Address \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Course/Major \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Received \_\_\_\_\_

**Trade, Business, Night or Corresp.**

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Address \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Course/Major \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Received \_\_\_\_\_

Other \_\_\_\_\_

Percent of College Expenses Earned: \_\_\_\_\_ How earned? \_\_\_\_\_

Describe any computer, office machine, tool or equipment skills and proficiency level: \_\_\_\_\_

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Describe any other special skills or qualifications, that may help you in the position, applied for: \_\_\_\_\_

List all professional licenses or certificates held including State license or certificate type, date issued, and number:

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List any relevant professional or business organizations to which you belong (Optional):

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## **REFERENCES**

List three references who have knowledge of your work habits: **(Please do not list relatives)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

## **TO BE READ AND SIGNED BY APPLICANT:**

By signing below, I certify that the answers and information set out above is true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired or if hired, I may be discharged.

I authorize the Company to make such investigations of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquires and releasing information in connection with my application.

I understand that this application is not a contract of employment. I also acknowledge that no one within the Company has the authority to make oral contracts of employment, except when modified in writing by both the President and Executive Vice President.

If hired, I will comply with the guidelines set forth in the Company's policies and procedures which may be amended at times. I also understand that my employment is terminable at-will, with or without cause and without notice or liability at the option of either the company or myself.

I understand and agree to all of the conditions and statements set forth above and throughout this application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

