



2420 N. Nevada Street • Chandler, Arizona 85225

Application for Employment

Date _____

Name and Address				
Name			Social Security #	
Last	First	Middle		
Present Address			Telephone #	
Street	City	State	Zip	
Previous Address			Telephone #	
Street	City	State	Zip	
How long have you lived at your present address?			How long at previous address?	

Position Desired			
What kind of position are you applying for:	What type of employment do you want? (check one) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary	What hourly rate/salary do you expect?	What date are you available to start work?
Are you available to work extended hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work additional hrs. or a different schedule based on business needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education				
	Name of School	Address	Curriculum/Major	Did you graduate?
High School				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
College				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes
				<input type="checkbox"/> No

Other Information			
Have you ever worked under, attended school or been known by a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list name _____	Can you perform the essential functions for the job applied for either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the function you cannot perform. _____	How were you referred to TLC Label? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee referral <input type="checkbox"/> Walk in <input type="checkbox"/> Other _____	Have you ever been convicted of a criminal offense (felony or misdemeanor)? If "yes", list all convictions, stating date, nature of offenses and where they occurred. <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction will not automatically disqualify you from employment.)
List any relative (including in-laws) who currently work, or in the past, have worked at TLC Label.			
If hired, would you be able to present proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Military Service	
Dates of Duty: From _____ to _____ Month Day Year Month Day Year	Rank at Discharge _____ Branch _____
List duties in the service including special training _____	

Employment History

List below all past employment, beginning with most recent

Name, Address & phone # of Company and Type of Business	From		To		Describe the work you performed	Starting Hourly Rate/ Salary	Ending Hourly Rate/ Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

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	Mo.	Yr.	Mo.	Yr.					

Summarize here any additional experience and / or skills you may have.

ACKNOWLEDGMENTS AND AGREEMENTS

ALL APPLICANTS - Please read the following and address any question to the Human Resources representative before signing below:

I authorize Rx Systems and its agents to request, obtain, and use consumer reports, including without limitation, investigative consumer reports, now and at any time, to evaluate hiring, promoting, reassigning, transferring, retaining or discharging me.

I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all non-medical information as permitted by law pertinent to my employment and release the same from any liability resulting from providing such information. Rx Systems and its agents have my permission to make said inquiries and I hereby release Rx and its agents from any liability in making said request or in relying on the information received.

I understand that satisfactory reports are a condition of my employment with Rx/TLC. I further understand that my employment with Rx/TLC will be terminated if management determines that said reports are unsatisfactory.

I understand that if I am employed, employment is not for a stated period. Either Rx/TLC or I may discontinue the employment relationship at any time without cause or notice.

I acknowledge that Rx/TLC may request after a job offer has been made and/or during my employment that I undergo drug and/or alcohol testing and may request, after a job offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when post offer drug and/or alcohol testing is required, a satisfactory result is a condition of employment with Rx/TLC.

I certify that all statements and answers made on this Employment Application are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false or that information is omitted, such false statements or omissions will be considered grounds for termination of my employment.

The facts set forth above are true and complete to the best of my knowledge.

Signature

Date

• **Important Notice:** The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.