

APPLICATION FOR EMPLOYMENT

TSL COMPANIES

10001 South 152nd Street; Omaha, NE 68138-3820

Fax Number 402-895-7033

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

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 _____

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:

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) _____

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: _____

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)

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: _____

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.

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: _____

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:

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

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: _____