



Employment Application

Total Maintenance Solutions considers applications for all positions, full and part-time, without regard for race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT LEGIBLY)

Position Applied For:			Date of Application:	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> TMS Staffer <input type="checkbox"/> Other:			How did you learn about TMS? Check all that apply.	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State/Zip Code	
Telephone Number(s) & Email Address:					
Home Phone:		Cell Phone:		E-Mail:	

Best day(s) time(s) to contact you at home or by cell is:

If you are under 18 years of age, can you provide required proof of your eligibility to work: ☐ Yes ☐ No

Have you ever been convicted of a crime?..... ☐ Yes ☐ No

If yes, please list nature of offense : _____

Date: _____ Location: _____

Have you ever been employed with us before?..... ☐ Yes ☐ No

If yes, give dates _____

Do any of your friends or relatives, other than spouse, work here?..... ☐ Yes ☐ No

Are you currently employed?..... ☐ Yes ☐ No

May we contact your present employer?..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: ☐ Full -Time (please indicate 1st 2nd 3rd shift)

Check all ☐ Part Time (please indicate Mornings Afternoon Evenings)

that apply. ☐ Temporary (please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)

Are you currently on "lay-off" status and subject to recall?..... ☐ Yes ☐ No

Can you travel if the job requires it?..... ☐ Yes ☐ No

Education

	Name and Location of School	Course(s) of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				

Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

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		From	To	
Address				
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Employer		Dates Employed		Work Performed
		From	To	
Address				
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Reason for Leaving				

List professional, trade, business or civic activities and offices help.

Additional Information

Additional Qualifications
Summarize special job related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)			
		Production/Mobil Machinery(list)	Other
___ Terminal	___ Spreadsheet	_____	_____
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

<i>State any additional information you feel it may be helpful to us in considering your application.</i>

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodations? Yes No (circle one)

References

1.	_____ (Name)	() _____ (Phone)
	_____ (Relationship)	
2.	_____ (Name)	() _____ (Phone)
	_____ (Relationship)	
3.	_____ (Name)	() _____ (Phone)
	_____ (Relationship)	

Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer:

Signature of Applicant

Date

Please submit this application on site at the TMS headquarters located at 525 1st Street E - Milan, IL 61264, or mail to the above address, attention HR, or fax to (309) 756-0957.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interviewer(s):
Remarks			Dates(s):
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment: _____
Job Title	_____		Salary: _____
			Department: _____