

APPLICATION FOR EMPLOYMENT



T.M. COBB CO.

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF EQUAL OPPORTUNITY IN EMPLOYMENT, AND DO NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, PREGNANCY, RELIGION, NATIONAL ORIGIN, MENTAL/PHYSICAL DISABILITY, MEDICAL CONDITIONS, CITIZENSHIP, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER PROTECTED CATEGORY UNDER APPLICABLE LOCAL, STATE OR FEDERAL LAWS. (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS NUMBER STREET CITY STATE ZIP CODE

TELEPHONE NUMBER(S)
()

POSITION(S) APPLIED FOR SALARY DESIRED DATE OF APPLICATION

HOW DID YOU LEARN ABOUT US?
 ADVERTISEMENT FRIEND WALK-IN
 EMPLOYMENT AGENCY RELATIVE OTHER _____

ARE YOU OVER 18 YEARS OF AGE? YES NO
 HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES NO
 IF YES, GIVE DATE _____
 HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO
 UNDER WHAT NAME _____ IF YES, GIVE DATE _____
 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.
 ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____
 ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME TEMPORARY
 ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO
 CAN YOU TRAVEL IF A JOB REQUIRES IT? YES NO

NOTE TO APPLICANT: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPL YING.

ARE YOU ABLE TO PERFORM THE TASKS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT AN ACCOMMODATION? YES NO **IF YOU REQUIRE AN ACCOMMODATION(S), HOW WOULD YOU PERFORM THE TASK, AND WITH WHAT ACCOMMODATION(S)?**

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	GRADUATED YES/NO	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES: GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	CITY	STATE	TELEPHONE	YEARS ACQUAINTED
				() DAY () EVENING	
				() DAY () EVENING	

EMPLOYMENT RECORD

THIS ACCOUNTS FOR THE PAST () YEARS, INCLUDING PERIODS OF UNEMPLOYMENT, SELF EMPLOYMENT, SCHOOLING OR MILITARY SERVICE. LIST PRESENT (OR MOST RECENT) POSITION FIRST.

COMPANY NAME	TELEPHONE ()	SUPERVISOR	START DATE	MO.	YR.
ADDRESS	STREET	CITY	STATE	ZIP	END DATE

YOUR JOB TITLE AND RESPONSIBILITIES

REASON FOR LEAVING

COMPANY NAME	TELEPHONE ()	SUPERVISOR	START DATE	MO.	YR.
ADDRESS	STREET	CITY	STATE	ZIP	END DATE

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REASON FOR LEAVING

Please Read and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize T.M. Cobb to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

AT-WILL EMPLOYMENT AGREEMENT I understand and agree that my employment with this Company is at-will, and that either the Company or I may terminate the employment relationship at any time, with or without cause and with or without advance notice. I further understand and agree that the Company reserves the right to change my hours, wages, benefits, position, working conditions, location of work, and terms of employment, as well as to take disciplinary action, including but not limited to termination and demotions, as it deems appropriate, at any time, with or without cause or advance notice. I represent that no one has made any promises to me that in any way contradict this Agreement, and that this is the sole and entire agreement between the Company and me pertaining to the terms contained herein. I understand and agree that any changes or modifications to this Agreement must be in writing, must specifically state that it is changing or modifying this Agreement, and must be signed by the President of the Company.

Date _____ Applicant's Signature _____