



2021 - 2022 Application for Employment

This Application for Employment will remain **valid for 30 days** from the date received. It will be reviewed for any open position available during this time frame. After 30 days have passed, a new application must be submitted for consideration for all open positions.

Applicant Information

Today's Date: _____

Last Name: _____ **First Name:** _____

County Of Residence: _____ **Telephone #:** _____

A number of different selection tools and pieces of information are considered as you go through the employee selection, offer and post-offer processes. You may come in contact with **some or all** of the following:

- 1. Employment Application:** Complete all sections which pertain to you, sign and date. A resume may be required but is not a substitute for completing this Application for Employment. The Application allows the Company to determine your qualifications and experience and contains an Applicant Statement and Agreement. By signing the Application, you authorize the Company to verify the information contained in the Application. Falsification of information on the Application or failure to provide accurate information may result in disqualification from employment or termination of employment if discovered after hire.
- 2. Employment Interviews:** Several personal and/or telephone interviews may be conducted with you in order to obtain more detailed information regarding your background and qualifications. The Company complies with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, new employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.
- 3. Employment Eligibility Verification (Form I-9):** This form is required by the U.S. Citizenship and Immigration Services (USCIS). If you are hired, this form will be used to verify your identity and right to work in the United States.
- 4. Employment Testing:** Various tests may be administered to measure your aptitude and abilities in job-related areas. While most tests are short, some exams administered to management level candidates may take several hours.
- 5. Test for Evidence of Substance Abuse:** This may be a urine or saliva test for abusive levels of any chemical substance.
- 6. Reference Checks:** Former employers and educational references are verified prior to an offer of employment.
- 7. Records Check:** There may be verification and information checks with the Social Security Administration, criminal courts, federal, state, and county repositories of criminal records, Department of Motor Vehicles and credit bureaus.
- 8. Physical Examination:** Some positions may require the applicant to take a physical examination.
- 9. Loss Prevention Interview:** During this interview, you may be asked questions concerning your Application, any current involvement with illegal drugs, any prior felony or misdemeanor convictions*, any adverse information from prior employers, and other related matters.

***Note:** Answering "Yes" to questions regarding prior misdemeanor and felony convictions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

TENTLOGIX, INC.
2021 - 2022 Application for Employment



WE ARE A DRUG FREE WORKPLACE

APPLICANT INFORMATION

Last Name		First		M.I.	DOB
Street Address				Apartment/Unit #	
City		State		ZIP Code	
Phone		E-mail Address			
Date Available		Position Applying for:		Desired Salary	
Are you available to work overtime as needed		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to travel overnight	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any restrictions on days to work	
				Sun / Mon / Tues / Weds Thurs / Fri / Sat	
Employment Status you are applying for:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> On Call			
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so when?			
Do you have any family members working for TentLogix		YES <input type="checkbox"/> NO <input type="checkbox"/> If so who?			
Only US Citizens or aliens who have the legal right to work in the US are eligible for employment. Upon employment, can you submit documentation verifying your legal right to work in the US and proof of your identity?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Are you 18 years of Age Or Older?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
* Ever been convicted of a misdemeanor?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				If yes, when / where	
* Ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				If yes, when / where and nature	

Answering these * questions with an affirmative answer does not necessarily preclude a hiring decision

EDUCATION:

This information may or may not be considered depending on the job in which you are applying for

High School		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Other		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PROFESSIONAL REFERENCES / NON FAMILY MEMBERS

Please list (2) two PROFESSIONAL references with current NAME , ADRESS and TELEPHONE Number with area code.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Please answer all questions. Resumes are not acceptable in place of this application

1. Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

2. Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

3. Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Have you ever been terminated or asked to resign from any job ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, please explain:
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Special Skills and Qualifications: Summarize special job-related skills or qualifications, including licenses and certificates (please give registration number, state and expiration date) acquired from employment or other experience relates to the job which you are applying for

Skill/Qualification:

License/Certificate Number: _____ State: _____ Exp. Date: _____

Skill/Qualification:

License/Certificate Number: _____ State: _____ Exp. Date: _____

Skill/Qualification:

License/Certificate Number: _____ State: _____ Exp. Date: _____

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

EQUAL OPPORTUNITY EMPLOYER AND AT-WILL EMPLOYMENT

TentLogix is an Equal Opportunity employer. The company adheres to a policy of making employment decisions without regard to Race, Color, Age, Sex, Pregnancy, Religion, National Origin, Ancestry, Medical Condition, Marital Status, Citizenship Status, Disability or Uniformed Service Member Status. DOB (Date of Birth) is required from all applicants to facilitate a background records check.

Your employment with TentLogix is at-will. This means your employment is for an indefinite period of time and it is subject to termination by you or TentLogix, with or without cause, with or without notice, and at any time. Nothing in this policy, or any other policy of Tentlogix, shall be interpreted to be in conflict with or to eliminate or modify in any way, the at-will employment status of TentLogix employees.



2021 - 2022 Application for Employment Applicant Statement and Agreement

Disclaimer and Signature

I certify that my answers are true and correct to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Drug-Free Workplace Program

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I hereby consent to a medical examination and the collection of urine, and/or saliva samples (as well as blood or breath samples where applicable and as allowed by law) as requested for the purpose of determining the presence of drugs and/or alcohol, if any. I authorize the release of all medical information obtained during the examination and testing procedure to the Company. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon the passing of a physical examination and satisfactory drug testing. I understand that should I decline to sign this consent or take any of the above tests, my Application may be rejected or my employment may be terminated.

I certify that all information contained in this Application for Employment is true and accurate to the best of my knowledge and belief; and I have read, understand, and agree to be legally bound to all of the terms in the Applicant Statement and Agreement.

Applicant Printed Name

Applicant Signature

Date