



Are you currently employed? Yes:\_\_\_\_\_ No:\_\_\_\_\_ If so, may we contact your employer? Yes:\_\_\_\_\_ No:\_\_\_\_\_

**EMPLOYMENT HISTORY**

List below all present and past employment (last 10 years is sufficient), starting with your most recent employer. Account for all periods of unemployment. You must complete this section, even if attaching a resume.

**Employer:**\_\_\_\_\_ **Your Supervisor's Name:**\_\_\_\_\_

Address:\_\_\_\_\_ STREET CITY STATE ZIP CODE

Telephone:\_\_\_\_\_ **Dates of Employment: From:**\_\_\_\_\_ **To:**\_\_\_\_\_

Weekly Pay: Starting: \$\_\_\_\_\_ Ending: \$\_\_\_\_\_

Please describe your position and duties:\_\_\_\_\_

Please state your reasons for leaving:\_\_\_\_\_

**Employer:**\_\_\_\_\_ **Your Supervisor's Name:**\_\_\_\_\_

Address:\_\_\_\_\_ STREET CITY STATE ZIP CODE

Telephone:\_\_\_\_\_ **Dates of Employment: From:**\_\_\_\_\_ **To:**\_\_\_\_\_

Weekly Pay: Starting: \$\_\_\_\_\_ Ending: \$\_\_\_\_\_

Please describe your position and duties:\_\_\_\_\_

Please state your reasons for leaving:\_\_\_\_\_

**Employer:**\_\_\_\_\_ **Your Supervisor's Name:**\_\_\_\_\_

Address:\_\_\_\_\_ STREET CITY STATE ZIP CODE

Telephone:\_\_\_\_\_ **Dates of Employment: From:**\_\_\_\_\_ **To:**\_\_\_\_\_

Weekly Pay: Starting: \$\_\_\_\_\_ Ending: \$\_\_\_\_\_

Please describe your position and duties:\_\_\_\_\_

Please state your reasons for leaving:\_\_\_\_\_

(Note: Attach additional page(s) if necessary)

**EDUCATION, TRAINING AND EXPERIENCE**

School	Name and Address	Years Completed	Did you Graduate?	Degree/Diploma	Course of Study
High School					
College or University					
Vocational or Trade School					

Some of our customers do not speak English well. Do you speak, write or understand any foreign languages? Yes: \_\_\_\_\_  
No: \_\_\_\_\_ If yes, which language(s)? \_\_\_\_\_

Are you currently licensed or certified for the job applied for, if required? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please identify the name of the license or certification: \_\_\_\_\_

If licensed or certified, please state the license or certification number: \_\_\_\_\_

Has your license or certification ever been revoked or suspended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please state the reason(s) and the date the revocation or suspension was lifted: \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at TME? If so, please explain: \_\_\_\_\_

**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please describe: \_\_\_\_\_

**REFERENCES**

List below, three persons, not related to you, who have knowledge of your work performance within the last three years.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Employer and Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Number of Years Acquainted with you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Employer and Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Number of Years Acquainted with you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Employer and Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Number of Years Acquainted with you: \_\_\_\_\_

**APPLICANT STATEMENT**

I hereby certify that I have personally completed this application, and that the information contained in this application form, and any attached resume, is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an employment offer, or, if I am hired, in immediate discharge, regardless of the time elapsed before discovery. I also understand that all offers of employment are **expressly conditioned** on the provision of satisfactory proof of my identity and legal authority to work in the United States.

I hereby authorize Thunder Mountain Enterprises, Inc. to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further authorize the references listed above to disclose to Thunder Mountain Enterprises, Inc., all letters, reports, or other information related to my work records, without giving me prior notice of such disclosure. Further, I release all parties and persons from any and all claims and liability for any damages that may result from furnishing such information to Thunder Mountain Enterprises, Inc., as well as the direct or indirect use or disclosure of such information by Thunder Mountain Enterprises, Inc., and any of its agents, employees, or representatives.

I understand that it is the policy of Thunder Mountain Enterprises, Inc. to require prospective employees to submit to an examination by a physician to ensure their ability to perform their jobs safely and efficiently. I understand that my employment with Thunder Mountain Enterprises, Inc., should a position be offered to me, is **expressly conditioned** upon my successfully passing a complete physical examination, including a drug and alcohol screening. I understand that this examination will be provided by Thunder Mountain Enterprises, Inc., at its sole expense, that the medical examinations paid for by Thunder Mountain Enterprises, Inc. are the property of Thunder Mountain Enterprises, Inc., and that upon hiring shall be treated as part of the employee's confidential file, and will only be disclosed to the employee, the employee's agent, public agencies, and/or the employee's doctor as required by law. Based on the foregoing, I consent to the pre-employment physical examination and testing.

I understand and agree that if I am employed, my employment is for no definite or determinable period, and that my employment and compensation may be terminated at any time, with or without prior notice, at the will of either myself or Thunder Mountain Enterprises, Inc., and that no promises or representations contrary to the foregoing are binding on Thunder Mountain Enterprises, Inc., unless made in writing, and signed by me and Thunder Mountain Enterprises, Inc.'s President. In addition, I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my subsequent employment, if hired, regardless of the length of such employment, is intended to create an employment contract between me and Thunder Mountain Enterprises, Inc., or otherwise change the "at will" nature of my employment. I agree that if I am hired by Thunder Mountain Enterprises, Inc., I will conform to the rules, policies and standards of Thunder Mountain Enterprises, Inc.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_