



PRINT LEGIBLY  
IN INK

# EMPLOYMENT APPLICATION

Position Applied For \_\_\_\_\_  Full time  Part time Date \_\_\_\_\_

FULL NAME Last	First	Middle	SOCIAL SECURITY NO.
ADDRESS Number and Street			RESIDENCE PHONE NO. ( )
City	State	Zip Code	BUS. OR CELL PHONE NO. ( )

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends? .....Yes  No

Would you be available to work overtime, if necessary? (i.e. Inventory) .....Yes  No

If hired, on what date can you start work?.....\_/\_/\_\_\_\_\_Salary desired: \$\_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for TEC before? .....Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for TEC? .....Yes  No

If yes, print name(s) and relationship:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Are you at least 18 years old?  
(If under 18, hire is subject to verification that you are of minimum legal age) Yes  No

If hired, can you present evidence of your U.S. citizenship  
or proof of your legal right to live and work in this country? Yes  No

Are you able to perform the essential functions of the job for which you are applying,  
either with or without reasonable accommodation? Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  
(Convictions for marijuana-related offenses that are more than two years old need not be listed. Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

# EMPLOYMENT HISTORY

Please list the names of your previous employers in chronological order with present or last employer listed first. *Be sure to account for all periods of time* including military service and any period of unemployment. **If self-employed, give firm name and supply business references.** (Attach extra sheets if necessary.)

<b>Name of Present or Last Employer</b>	<b>EMPLOYED</b> From (mo./yr.)	<b>PAY</b> Start	<b>YOUR TITLE OR POSITION</b>	<b>REASON FOR LEAVING</b>
Address		\$		
City, State, Zip Code	To (mo./yr.)	Final	<b>NAME OF LAST SUPERVISOR</b>	
Telephone	If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Previous Employer</b>				
<b>EMPLOYED</b> From (mo./yr.)	<b>PAY</b> Start	<b>YOUR TITLE OR POSITION</b>	<b>REASON FOR LEAVING</b>	
Address	\$			
City, State, Zip Code	To (mo./yr.)	Final	<b>NAME OF LAST SUPERVISOR</b>	
Telephone				
<b>Previous Employer</b>				
<b>EMPLOYED</b> From (mo./yr.)	<b>PAY</b> Start	<b>YOUR TITLE OR POSITION</b>	<b>REASON FOR LEAVING</b>	
Address	\$			
City, State, Zip Code	To (mo./yr.)	Final	<b>NAME OF LAST SUPERVISOR</b>	
Telephone				
<b>Previous Employer</b>				
<b>EMPLOYED</b> From (mo./yr.)	<b>PAY</b> Start	<b>YOUR TITLE OR POSITION</b>	<b>REASON FOR LEAVING</b>	
Address	\$			
City, State, Zip Code	To (mo./yr.)	Final	<b>NAME OF LAST SUPERVISOR</b>	
Telephone				
<b>Previous Employer</b>				
<b>EMPLOYED</b> From (mo./yr.)	<b>PAY</b> Start	<b>YOUR TITLE OR POSITION</b>	<b>REASON FOR LEAVING</b>	
Address	\$			
City, State, Zip Code	To (mo./yr.)	Final	<b>NAME OF LAST SUPERVISOR</b>	
Telephone				

## ADDITIONAL INFORMATION:

Please indicate any significant work experience you have in any of the following areas:

### OFFICE

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier

### NEW/USED VEHICLE SALES

- Freightliner
- Mack
- Paccar
- Volvo
- Ford
- F & I
- Leasing
- Sales Management
- Buyer

### PARTS AND SERVICE

- Service Manager
- Service Writer/Advisor
- Shop Foreman
- Mechanic/Technician
- Helper
- Painter
- Body Repair
- Parts Stocker
- Parts Driver
- Parts Manager
- Parts Counter
- Caterpillar
- Cummins
- Detroit
- Eaton
- Mack
- Rockwell
- Volvo

## EDUCATION, TRAINING & EXPERIENCE

School	Name and Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
<b>High School</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

Some of our customers do not speak English. Do you speak, write or understand any foreign languages?

Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at TEC?

Yes  No

If so, explain:

\_\_\_\_\_  
\_\_\_\_\_

If applying for positions that require driving company vehicles:

Do you have a valid Driver's License?  Yes  No

Do you have a current CDL (Commercial Driver's License)?  Yes  No

# APPLICATION FOR EMPLOYMENT

## REFERENCES:

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

NAME	OCCUPATION	ADDRESS (Street, City & State)	TELEPHONE NO.	NO. OF YEARS KNOWN

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*Your application will be kept active for 30 days.*

### APPLICANT'S STATEMENT

**Please read carefully, initial each paragraph and sign below.**

\_\_\_\_\_  
Initials

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.

\_\_\_\_\_  
Initials

I hereby authorize the company to thoroughly investigate my references, work record, education, DMV record and other matters related to my suitability for employment and, further, authorize the references I have listed 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.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company President.

\_\_\_\_\_  
Initials

I understand that the company requires me to take a pre-employment drug test and that any offer of employment is contingent upon passing the drug test. I understand that the use or possession of illegal drugs or alcohol is prohibited during working hours, on company premises, or when conducting business on behalf of the company. After hire, I understand that the company reserves the right to require me to submit to a test for the presence of drugs and/or alcohol in my system and may require me to submit to a physical examination, to the extent permitted by the law. I consent to the disclosure of the results of the physical examinations and related tests to the company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PRE-EMPLOYMENT  
EO 11246 AFFIRMATIVE ACTION PROGRAM**

**VOLUNTARY SURVEY**

TEC Equipment, Inc. is a government contractor subject to Executive Order 11246, which requires affirmative action to employ and advance in employment qualified individuals without regard to race, color, national origin, sex, religion, age, marital status or disability.

We are compiling information to assist us in complying with our Affirmative Action Program goals, and are requesting you to complete this survey.

Submission of this information is completely voluntary. Information provided will be kept confidential and used only in ways consistent with Executive Order 11246 and government reporting requirements. **Refusal to provide information will not subject you to any adverse employment decision.**

**Completion of this portion and signature below is required regardless of participation in the survey.**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last four of Social Security # \_\_\_XXX-XX-\_\_\_\_\_  Male  Female

I Will Participate  I Choose Not To Complete the Survey

**MARK ONE OF THE FOLLOWING CATEGORIES FOR *ETHNICITY* :**

Hispanic  Not Hispanic

**MARK ONE OF THE FOLLOWING CATEGORIES FOR *RACE*:** ( Please mark one **in addition** to the selection above. If you are more than one race please mark the "Two or More Races" box):

Two or More Races (Non-Hispanic)  Asian (Only)  
 American Indian or Alaska Native (Only)  Black or African American (Only)  
 Native Hawaiian or other Pacific Islander (Only)  White (Only)

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*For HR Use Only:*

**CATEGORY OF POSITION APPLIED FOR:**

Executive/Senior Level Officials  
 First/Mid-Level Officials & Managers  
 Professional  
 Operative  
 Sales

Administrative Support Workers  
 General Labor  
 Technical  
 Craft  
 Service Worker

**REFERRED BY:**

Employee  Advertisement  Employment Service  
 Employment Department  Veterans Administration  Other (List) \_\_\_\_\_