



# APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

(PLEASE PRINT)

Position(s) Applied For		Date of application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Email Address	

Did an employee of Toll Company refer you? Name: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you applied with us before? When: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed with us before? When: \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, are you able to provide proof of authorization to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

If necessary, are you able to travel for work? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

What date would you be available to begin work? \_\_\_\_\_

What days are you available to work? \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekend

What hours are you available to work? \_\_\_\_\_

## REFERENCES

*Please provide three references that are not related to you.*

Name	Phone Number	Address	Years Known

## EMPLOYMENT HISTORY

*List all employers, self-employment, military service assignments, and volunteer activities starting with the **most recent experience first**. All Information must be completed. You may attach a resume, but not in place of completing the required information.*

Employer		Address		City/State	
Supervisor		Telephone Number(s)		Job Title	
Starting Pay Rate:		Ending Pay Rate:		Dates Employed - From:                      To:	
Work Performed:					
Reason for Leaving					
Employer		Address		City/State	
Supervisor		Telephone Number(s)		Job Title	
Starting Pay Rate:		Ending Pay Rate:		Dates Employed - From:                      To:	
Work Performed:					
Reason for Leaving					
Employer		Address		City/State	
Supervisor		Telephone Number(s)		Job Title	
Starting Pay Rate:		Ending Pay Rate:		Dates Employed - From:                      To:	
Work Performed:					
Reason for Leaving					
Employer		Address		City/State	
Supervisor		Telephone Number(s)		Job Title	
Starting Pay Rate:		Ending Pay Rate:		Dates Employed - From:                      To:	
Work Performed:					
Reason for Leaving					

## EDUCATION

	School Name & City	Years Completed	Field of Study	Diploma/Degree
High School				
College/University				
Community/Technical				
Graduate/Professional				

	Title	Issued By	Issue Date	Expiration Date
License/Certification				
License/Certification				
License/Certification				

## SKILLS & QUALIFICATIONS

*You may exclude information which would reveal race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation or any other protected status.*

List any computer software programs you are able to use	
List any equipment or vehicles you are trained to operate	
Describe any extra-curricular and civic activities or offices held	
List any additional skills	
State any additional information you feel may be helpful to us in considering your application	

Have you ever had any job-related training in the United States military? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Please describe: \_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGEMENT

I certify that the foregoing information is true and complete to the best of my knowledge.

I understand and acknowledge that the Company's employment relationship with its employees is referred to as employment at will. This means that employment can be terminated at any time for any reason, with or without cause, with or without notice, by the employee or the Company.

No representative of the Company has authority to enter into any agreement contrary to the foregoing employment at will relationship and nothing in any document, handbook, or statement shall limit the right to terminate employment at will.

I further understand that false or misleading information given by me in my application (including any resume) or interview(s) will be grounds for refusal to hire, or may result in discharge, should I become employed by the Company.

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Signature

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Date