612 WEST MAIN ST., UNIT 2
P. O. Box 1240
Tilton, NH 03276
Phone: 603-286-7657 Fax: 603-286-7882
www.GoToTSI.com

TSI is an equal opportunity employer and all information provided on this form will be kept in the strictest confidence.
Certain information (POB, DOB, SSN, Convictions, etc) is required for US Security Clearance purposes only.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

Mailing Address if different: _____

PHONE NUMBER: _____ CELL PHONE NO: _____
AREA CODE + 7 DIGIT NUMBER AREA CODE + 7 DIGIT NO.

PLACE OF BIRTH: _____ DATE OF BIRTH: _____
CITY STATE MONTH/DAY/YEAR

SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

UNITED STATES CITIZEN? _____ YES NO _____ IF NO, WHERE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO_____ YES_____ EXPLAIN: _____

EDUCATION

LIST HIGHEST LEVEL COMPLETED (GED, HS, College, etc): _____ WHERE ATTENDED: _____

YEAR OF GRADUATION: _____ SUBJECTS STUDIED: _____

LIST SPECIAL SKILLS / CERTIFICATIONS : (C3,C5,C7,QC, NACE, etc) _____
Provide copies of all certifications listed. _____

MILITARY SERVICE

BRANCH: _____ RANK: _____ Discharge: _____

CURRENT MEMBER GUARD OR RESERVES? _____ NO _____ YES STATE: _____

EMPLOYMENT DESIRED POSITION: _____ STATE: _____

DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW? _____ YES NO _____

CURRENT EMPLOYER: _____ HOW LONG ? _____

HAVE YOU EVER WORKED FOR TSI BEFORE? _____ YES NO _____

WHEN? _____

EMPLOYMENT HISTORY

ARE YOU A UNION MEMBER? _____ YES DC/LOCAL _____ NO _____

CURRENT UNION LEVEL _____ JOURNEYMAN APPRENTICE LEVEL _____

FORMER EMPLOYERS:	NAME		ADDRESS
FROM:			
	SALARY	POSITION	Reason for Leaving
TO:			
	NAME		ADDRESS
FROM:			
	SALARY	POSITION	Reason for Leaving
TO:			

PHYSICAL RECORD Do you have any physical limitations that prevent you from performing any work for which you are being considered? _____ NO YES _____

PLEASE DESCRIBE CONDITION: _____

EMERGENCY CONTACT: _____

NAME Relation PHONE NUMBER

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ HIRED: _____ YES NO _____ PROJECT: _____

DATE: _____ REPORTING DATE: _____ SALARY / PER DIEM: _____