

NOTICE TO APPLICANTS FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

PERSONAL DATA

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE NO. _____ HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? _____

PREVIOUS ADDRESS _____ HOW LONG? _____
STREET CITY STATE ZIP

POSITIONS APPLIED FOR _____ WORK SCHEDULE DESIRED: FULL TIME PART TIME

IF PART TIME, SPECIFY HOURS DESIRED BY DAY: SUN _____
 MON _____ WED _____ FRI _____
 TUES _____ THURS _____ SAT _____

RATE OF PAY EXPECTED: START _____ 6 MO. _____ 1 YEAR _____

HOW DID YOU HEAR OF THIS OPENING? _____

HAVE YOU WORKED WITH US BEFORE? NO YES - WHEN/HOW LONG? _____

PREVIOUS JOB TITLE _____ REASON FOR LEAVING _____

LIST ANY FRIENDS/RELATIVES WORKING WITH US NOW? _____

LIST ANY SPECIAL SKILLS YOU HAVE FOR POSITIONS APPLIED FOR ABOVE _____

IMPORTANT: DO NOT ANSWER QUESTIONS IN THIS AREA UNLESS BLOCK NEXT TO QUESTION HAS BEEN CHECKED BY EMPLOYER. A CHECK INDICATES THE INFORMATION IS NEEDED FOR BONA FIDE JOB QUALIFICATIONS OR OTHER LEGALLY PERMISSIBLE REASONS.

- ARE YOU OVER 21? YES NO (If NO, hire is subject to minimum legal age verification.)
- HAVE YOU EVER BEEN BONDED? NO YES - WHEN _____
- HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Excluding Traffic Violations)? NO YES - IF YES, LIST CONVICTIONS _____
- DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK? NO YES - IF YES, DESCRIBE HANDICAP/LIMITATIONS _____
- HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS? NO YES-IF YES,DESCRIBE _____

EMPLOYMENT DATA	LIST IN REVERSE ORDER, BEGINNING WITH PRESENT EMPLOYER	PRESENT/PREVIOUS EMPLOYER DATA					
		POSITION	DATES		SALARY		REASON FOR LEAVING
		JOB/TITLE	FROM	TO	BEGINNING	ENDING	
	COMPANY NAME						
	ADDRESS						
	CITY/STATE/ZIP						
	CONTACT & PHONE						
	COMPANY NAME						
	ADDRESS						
	CITY/STATE/ZIP						
CONTACT & PHONE							
COMPANY NAME							
ADDRESS							
CITY/STATE/ZIP							
CONTACT & PHONE							
COMPANY NAME							
ADDRESS							
CITY/STATE/ZIP							
CONTACT & PHONE							
MAY WE CONTACT THE EMPLOYER AT THE PHONE GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO.							

PERSONAL REFERENCES	NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER
List only persons we can contact. Be sure to include phone number.				

MILITARY	BRANCH	RANK	DUTIES	SALARY		REASON FOR CHANGE IN RANK
				FROM	TO	
	LIST ANY SPECIAL SCHOOL OR SKILLS ACQUIRED DURING YOUR MILITARY SERVICE _____ _____ _____					

EDUCATIONAL HISTORY

LIST EDUCATIONAL INSTITUTIONS BELOW - USE DUPLICATES WHERE YOU CHANGED SCHOOLS.

	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST GRADE COMPLETED	GRADUATED	DEGREE/MAJOR GRADE POINT AVERAGE
HIGH SCHOOL		9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4 MASTERS _____ DR. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EXPLAIN ANY SPECIALIZED TRAINING, ADDITIONAL SCHOOLING OR EDUCATIONAL AWARDS

APPLICANT - READ AND SIGN BELOW:

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act.

SIGNATURE OF APPLICANT _____

DATE _____

COMMENTS: _____

APPLICANT - DO NOT WRITE IN THIS SECTION

INTERVIEWS	INTERVIEWER	DATE		COMMENTS		
TEST RESULTS	TEST ADMINISTERED	DATE	SCORE	RATING	COMMENTS	
REFERENCE CHECKS	REFERENCE	PERSON AUDITING		COMMENTS		
REJECTED	CRITERIA FOR REJECTION		COMMENTS		REJECTION CRITERIA IS:	
					<input type="checkbox"/> PERMANENT	
					<input type="checkbox"/> TEMPORARY, REVIEW AGAIN	

HIRED	DEPARTMENT	POSITION	WILL REPORT	LOCATION	SALARY	
	APPROVED: PERSONNEL MANAGER		DEPARTMENT MANAGER		GENERAL MANAGER	

EQUAL EMPLOYMENT OPPORTUNITY - Voluntary Self Identification Form

Date:	Position Sought:	Requisition No.
First Name:	Middle Name:	Last Name:

Statement of Purpose:

TSRC, Inc is a federal contractor and is therefore, required to produce statistical reports concerning applicants for employment. Additionally this form enables TSRC, Inc. to monitor full compliance with its Affirmative Action Policy. Completion of this form is completely voluntary and you may choose not to complete it. If you choose to complete this form, the selections you make below will not affect your employment and/or application for employment. If you prefer not to identify yourself with the categories below we are required to enter this information for you and your decision not to complete the form will not affect your employment and/or application for employment.

<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Definitions:</p>
<p>Ethnic Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino (White Race Only)</p> <p><input type="checkbox"/> Hispanic or Lation (all other races)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p><i>American Indian or Alaskan Native</i> - A person having origins in any of original peoples of North American and South America (including Central America), and who maintains tribal affiliations or community attachment.</p> <p><i>Asian</i> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><i>Black or African American</i> - A person having origins in any of the Black racial groups of Africa.</p> <p><i>Hispanic or Latino (White Race Only)</i> - A person of Mexican, Puerto Rican, Cuban, central or South American, or other Spanish culture or origin, and of any race other than White.</p> <p><i>Native Hawaiian or Other Pacific Islander</i> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><i>White</i> - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.</p>

TSRC, Inc.
The Supply Room Companies
Mega Office Furniture

Background Investigation Disclosure Statement

By this document, TSRC, Inc. discloses to you that a consumer report (background investigation) may be obtained for employment purposes as part of the pre-employment process and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Candidate Signature

Employee Signature

Name Printed

Name Printed

HR Signature _____

Date _____

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Background Investigation Waiver

This shall authorize the procurement of a consumer report (background investigation) by TSRC, Inc. as part of the pre-employment process, or if required during your employment period. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for TSRC, Inc. to procure consumer reports at any time during my employment period.

Candidate Signature

Employee Signature

Name Printed

Name Printed

HR Signature _____

Date _____