



TWH ENTERPRISES, LLC

700 Pepsi Cola Road • Batesville, AR 72501 • 870.251.1200 • Fax 870.251.1202

APPLICATION FOR EMPLOYMENT

Application remains active for 3 months

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative.

Applicant name: _____ Date: _____

Other names know by: _____

Position(s) applied for: _____ Social Security #: _____

Address: _____
Street City State Zip

Telephone #: _____ Emergency #: _____

Shift desired: 1st ____ 2nd ____ 3rd ____ Type: Full Time ____ Part Time ____ Temp. ____

Date available to start work: ____ / ____ / ____ Salary or Wage Desired: \$ _____

Have you ever been previously employed by our organization? Yes ____ No ____

Will you work overtime if required? Yes ____ No ____

Are you able to meet attendance requirements & work hrs of 7:00am-5:30pm Yes ____ No ____

Can you submit proof of identity and eligibility to work in the United States? Yes ____ No ____

If you are under 18, can you furnish a work permit if it is required? Yes ____ No ____

Have you ever pleaded 'guilty,' "no contest" or been convicted of a crime? Yes ____ No ____

If yes, please explain (a conviction will not automatically bar employment): _____

Who referred you to this company? Employment agency ____ Newspaper ____ Other ____

Service Record: Branch of Service _____ Dates of Service: From _____ To _____

Rank at time of Discharge _____ Date of Discharge _____

Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____
Name & Location Years Completed Degree Earned

College: _____
Name & Location Years Completed Degree Earned Major/Minor

Technical Training: _____
Name & Location Years Completed Degree Earned Major/Minor

Other: _____
Name & Location Years Completed Degree Earned Major/Minor

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____ Salary: _____
 Job summary: _____
 Reason for leaving: _____

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Work Experience

List the approximate total time you have worked at any of the following occupations. If none, leave them blank. Do not omit any job at which you have had experience. If you have had experience in an occupation not listed, write this information in the space marked "further comment."

<u>OCCUPATION</u>	<u>YRS EXPERIENCE</u>	<u>OCCUPATION</u>	<u>YRS EXPERIENCE</u>
ASSEMBLER Elec. ____ Mech. ____	_____	PLASTIC INJECTION MOLD OPERATOR	_____
AUTO SCREW MACHINE OPERATOR	_____	PLASTIC INJECTION MOLD SET-UP	_____
BANDSAW OPERATOR	_____	PROGRAMMER FOR CNC MACHINES	_____
BOOKKEEPER OR ACCOUNTANT	_____	RECEIVING DEPARTMENT	_____
BUFFER OR POLISHER	_____	SANDBLAST OPERATOR	_____
CARPENTER	_____	SECRETARY	_____
CNC OPERATOR/SET-UP	_____	SHEET METAL FABRICATION—CNC	_____
COMPUTER OPERATOR	_____	SHEET METAL FABRICATION—conventional	_____
DRAFTSMAN	_____	SHIPPING DEPARTMENT	_____
DRILL PRESS OPERATOR	_____	SOLDERER	_____
ELECTRICIAN	_____	TOOL & DIE WORKER	_____
ELECTRONIC DATA PROCESSOR	_____		
ELECTRONIC TECHNICIAN	_____		
ELECTRONIC TESTER	_____		
FORKLIFT OPERATOR	_____		
GEAR CUTTER	_____		
GRINDER	_____		
INSPECTOR Elec. ____ Mech. ____ Quality ____	_____		
INSTRUMENT TECHNICIAN	_____		
LATHE OPERATOR (conventional)	_____		
MACHINE SHOP MANAGER	_____		
MACHINIST—conventional	_____		
MACHINIST—CNC	_____		
MAINTENANCE	_____		
MILLING & MACHINE	_____		
OFFICE CLERK	_____		
PAINT/METAL FINISHING	_____		

FURTHER COMMENT: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers)

Name	Title	Relation	Telephone	Number of Yrs Known
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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I hereby authorize TWH Enterprises to conduct a criminal history background check, credit history check, and drug and alcohol screen on me. I acknowledge that I have all the rights provided for in the Fair Credit Reporting Act, including the right to review and challenge any negative information obtained that would adversely impact the decision to offer me employment, a reasonable opportunity to clear up any information reported about me which is false, and the right to request the name, address and telephone number of the reporting agency.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____



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Applicant Printed Name

Applicant Signature

Date