

**APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER**

PRE-EMPLOYMENT QUESTIONNAIRE

TLC Homes, Inc.
633 St. Clair Avenue
Sheboygan, WI 53081
(920) 457-0826



Personal Information

| | | | |
|---------------------|----------|--------------------|-------------|
| Name (Last) (First) | | Social Security No | |
| Present Address | | City | State Zip |
| Permanent Address | | City | State Zip |
| Phone No. | Cell No. | Email | Referred By |

Employment Desired

| | | | |
|---|--|----------------|---|
| Position | Date you can start | Salary desired | Shift Desired <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, may we inquire with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No | When? | Where? | |

Education History

| Name & Location of School | Years Attended | Did you Graduate? | Subjects Studied |
|--|----------------|-------------------|------------------|
| Grammar School | | | |
| High School | | | |
| College | | | |
| Trade, Business or Correspondence School | | | |

General Information

| | | |
|--|--------------|-------------------|
| Subjects of special study/research work or special training/skills | | |
| | | |
| U.S. Military Service | Highest Rank | Type of Discharge |

Former Employers (List below your last four employers, starting with last one first)

| Date (Month & Year) | Name & Address of Employer | Salary | Position | Reason for Leaving |
|---------------------|----------------------------|-------------------|----------|--------------------|
| From | | | | |
| To | | | | |
| Phone Number: | | Supervisors Name: | | |
| Date (Month & Year) | Name & Address of Employer | Salary | Position | Reason for Leaving |
| From | | | | |
| To | | | | |
| Phone Number: | | Supervisors Name: | | |

Former Employers (List below your last four employers, starting with last one first)

| Date (Month & Year) | Name & Address of Employer | Salary | Position | Reason for Leaving |
|------------------------|----------------------------|-------------------|----------|--------------------|
| From To | | | | |
| Phone Number: | | Supervisors Name: | | |
| Date (Month & Year) | Name & Address of Employer | Salary | Position | Reason for Leaving |
| From To | | | | |
| Phone Number: | | Supervisors Name: | | |

References (Give below the names of persons who can verify your employment information)

| Name | Phone Number | Relationship | Years Known |
|------|--------------|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been convicted of a crime or have charges pending? No Yes: Explain: _____

TLC Homes Inc is an Equal Opportunity Employer (EOE) and considers all applications for employment, regardless of age, race, sex, marital status, religion, national origin or disability.

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Remarks: