

# Time Mark Corporation

## 11440 East Pine Tulsa, Oklahoma 74116-2098

(An Equal Opportunity Employer)

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

Last                      First                      Middle

SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

Street    City    State    Zip

PERMANENT ADDRESS \_\_\_\_\_

Street    City    State    Zip

PHONE NO. \_\_\_\_\_

Are you 18 years or older?    Yes     No

Are you a U.S. citizen or an alien authorized to work in the United States?    Yes     No   
 (documentation must be provided upon employment)

I understand and agree that I may be required to take one or more: physical examinations or drug tests as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).    Yes     No

Do you have any physical limitations that preclude you from performing any work for which you are being considered?    Yes     No

### EMPLOYMENT

POSITION \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

SALARY  
DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_

IF SO, MAY WE INQUIRE OF  
YOUR PRESENT EMPLOYER? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. YEARS IN SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR  
NAVAL SERVICE \_\_\_\_\_

RANK \_\_\_\_\_

PRESENT MEMBERSHIP  
IN NATIONAL GUARD OR  
RESERVES \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS AND PHONE	OCCUPATION	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

(Please start with the most recent)

Employer		Length of Service	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor		
Reason for Leaving			
Employer		Length of Service	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor		
Reason for Leaving			
Employer		Length of Service	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor		
Reason for Leaving			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 prior notice."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_

NOTES: \_\_\_\_\_

HIRED: YES  NO  POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_