

1201 Churchill Downs Avenue
Woodland, CA 95776
530-666-5500
530-668-7575 fax
www.truckmixersupply.com

Truck Mixer Supply & Mfg., Inc.

An Equal Opportunity Employer Employment Application

If filling this form out by hand, please print legibly.

Name
Social Security
Home Number
Cell Number
Email

Preferred means of contact: Phone
 Cell Phone
 Email

Current Address:

Address
City State Zip Code
Country

Previous Address (if current address is under 1 yr):

Address
City State Zip Code
Country

Position applying for:

Are you applying for: Regular full-time work? Yes No
Regular part-time work? Yes No
Temporary work (summer/holiday) Yes No

If applying for temporary, state time period:

Are you available for work on weekends? Yes No Occasionally

Are you available to work overtime, if necessary? Yes No Occasionally

If hired, on what date can you start?

Desired Salary:

Have you ever applied to work for TMS before? Yes No

If yes, when?

Do any friends or relatives work for TMS? Yes No

If yes, state name(s) and relationship:

Reason for applying to TMS:

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Do you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years of age? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age)

Are you a US citizen or have proof of legal right to work in the US? Yes No

Are you able to perform the essential functions of the job? Yes No

If no, state the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommdation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense? Yes No

If yes, state the nature of the crime (s), when and where convicted:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School:	Name and Address:	Years completed	Graduated?	Degree/Diploma
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College/University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vocational/Business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any additional experience, training, qualifications or skills here:

Please list any license/certification, along with the state and number

Employment History

List below all present and past employment starting with your most recent employer. Please account for all periods of unemployment. You must complete this section if attaching a resume.

Name of Employer

Phone Number Address

Fax Number City State Zip Code

Date of Employment: From To

Pay (hourly) Start End

Position and Duties:

Reason for leaving:

Name of Employer

Phone Number Address

Fax Number City State Zip Code

Date of Employment: From To

Pay (hourly) Start End

Position and Duties:

Reason for leaving:

Name of Employer

Phone Number Address

Fax Number City State Zip Code

Date of Employment: From To

Pay (hourly) Start End

Position and Duties:

Reason for leaving:

Employment History cont'd

Name of Employer

Phone Number Address

Fax Number City State Zip Code

Date of Employment: From To

Pay (hourly) Start End

Position and Duties:

Reason for leaving:

References

List below three individuals not related to you who have knowledge of your work performance within the last three years.

Name <input type="text"/>	Occupation <input type="text"/>
Phone Number <input type="text"/>	Address <input type="text"/>
Fax Number <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Name <input type="text"/>	Occupation <input type="text"/>
Phone Number <input type="text"/>	Address <input type="text"/>
Fax Number <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Name <input type="text"/>	Occupation <input type="text"/>
Phone Number <input type="text"/>	Address <input type="text"/>
Fax Number <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>

Additional comments: