

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. _____