

TIMBER CREEK HOUSING LLC

APPLICATION FOR EMPLOYMENT

IMPORTANT: Federal and State laws prohibit discrimination based on sex, age, race, color, religion, nationality, origin, ancestry or disability.

INSTRUCTIONS: Fill out this application completely. If questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted as additional information but not in place of a completed application. Sign the application when it is completed.

NOTE: APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS. TIMBER CREEK HOUSING LLC IS A DRUG FREE WORKPLACE.

PLEASE COMPLETE ALL PAGES LEGIBLY.		Date: _____		
Name: _____				
Last		First		Middle
Present Address: _____				
Street		City	State	Zip Code
Telephone: _____		Date of Birth: _____		
Email Address: _____		Social Security Number (last 4 digits) _____		
Position Applied For: _____		Pay Requested: _____		
Date Eligible for Work: _____				

Do you have friends/relatives working for Timber Creek Housing or its affiliates? _____ Yes _____ No

Name: _____

Name: _____

Have you ever worked for TCH or its affiliates? _____ Yes _____ No If so, when? _____

Have you ever been in the armed forces? _____ Yes _____ No

Are you now a member of the National Guard? _____ Yes _____ No

EDUCATION:

High School: _____ # of Years Completed: _____

College: _____ # of Years Completed: _____

WORK EXPERIENCE: Please list your work experience for the past four years beginning with your most recent job held.

May we contact your current employer? _____ Yes _____ No

WORK EXPERIENCE:

Name of Employer: _____
City and State: _____ Job Title: _____
Start Date: _____ End Date: _____
Reason for Leaving: _____

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City and State: _____ Job Title: _____
Start Date: _____ End Date: _____
Reason for Leaving: _____

OTHER SKILLS: Please list any skills you would like to inform us of that you have.

My signature verifies the accuracy of all information on my application. I understand that if I falsified any information on my application it will justify by immediate dismissal in the event I am employed. I further understand that this application becomes void after ninety (90) days unless renewed by letter or telephone call to the office where I submitted it.

Signature of Applicant:

Date: