

Transportation Operation & Management, LLC (TOM)

TOM, LLC Employment Application

We consider applicants for all positions without discrimination based on race, color, religion, gender, national origin, age disability, and any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

If under 18 years of age, can you provide required proof of eligibility to work? YES NO

Have you ever filed an application with us before YES NO

Have you ever been employed with us before? YES NO If yes, when? _____

Are you currently employed? YES NO

If yes, may we contact your current employer? YES NO

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.? YES NO

Proof of citizenship or immigration status will be required upon employment.

On what date are you available to work? _____

Are you available to work: Full-Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you ever been involuntarily terminated from a job? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Conviction will not necessarily disqualify an applicant from employment.

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Transportation Operation & Management, LLC (TOM)

Education and Training				
	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate (Professional)				
Other (Specify)				

Employment Experience

Start with your present or last job and list your complete employment history.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Employer	<u>Dates Employed</u>	<u>Work Performed/Responsibilities</u>
	From To	
Address		
Telephone Number(s)		
Job Title	Hourly Rate/ Salary	
	Starting Final	
Reason for Leaving		

Employer	<u>Dates Employed</u>	<u>Work Performed/Responsibilities</u>
	From: To:	
Address		
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If you need additional space, please continue employment history on a separate sheet of paper.

Describe any job-related training, apprenticeship, skills, or qualification(s) acquired from employment or other experiences.

Specialized Skills – Please Check Skills/Equipment Operated

Firefighter <input type="checkbox"/>	CPR/First Aid <input type="checkbox"/>	Commercial Driver’s License <input type="checkbox"/>
Vehicle Extrication <input type="checkbox"/>	EVOC <input type="checkbox"/>	HAZMAT <input type="checkbox"/>
Microsoft Software <input type="checkbox"/>	ICS <input type="checkbox"/>	Facility Maintenance <input type="checkbox"/>
Other _____		

Where job related, indicate any foreign languages you speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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Military Service

Branch: _____ Rank: _____
From: _____ To: _____
Rank of Discharge: _____ Type of Discharge: _____
If other than honorable, please explain: _____

References

Please list three references that are not related to you. (Preferably professional references)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false, misleading, or inaccurate information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Position Applied for Is Open: YES NO

Position Considered For: _____

Date: _____

Arrange Interview: YES NO

Remarks _____

INTERVIEWER

DATE

Employed: YES NO Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

BY: _____

NAME AND TITLE

DATE

NOTES _____

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