



**EMPLOYMENT APPLICATION**  
TOWN & COUNTRY CO-OP INC.

DATE
------

**PERSONAL & EMPLOYMENT DATA**

Please answer each question completely and accurately.

NAME		HOME PHONE		BUS. PHONE	
ADDRESS			CITY	STATE	ZIP CODE
Are you over 18 yrs. of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a legal right to permanently live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION OR TYPE OF WORK DESIRED		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	DATE AVAILABLE	SALARY DESIRED \$
How Were You Referred To Us?		<input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Other		NAME(S) OF REFERRAL SOURCE(S) CHECKED	
		<input type="checkbox"/> On your own			

**EDUCATIONAL & PROFESSIONAL HISTORY**

SCHOOL	NAME :	CITY :	STATE :	DATES ATTENDED		GRADUATED YES/NO*	GRADE/HOURS COMPLETED	DEGREE/ CURRICULUM
				FROM	TO			
HIGH SCHOOL	NAME :	CITY :	STATE :					
*If you did not graduate, do you have a high school equivalency diploma or certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO      Date:								
COLLEGES AND UNIVERSITIES	NAME :	CITY :	STATE :					
	NAME :	CITY :	STATE :					
	NAME :	CITY :	STATE :					
OTHER TRAINING	NAME :	CITY :	STATE :					
	NAME :	CITY :	STATE :					
	NAME :	CITY :	STATE :					
PROFESSIONAL LICENSES AND CERTIFICATIONS				AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS				

**REFERENCES**

List three people other than relatives who know of your qualifications for the position(s) for which you are applying.

PROFESSIONAL/BUSINESS	City	ADDRESS	State	Zip	PHONE NO.	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

## EMPLOYMENT HISTORY

**NOTE: IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED, PLEASE CHECK HERE.**

List current or most recent employment first and continue in that sequence.

FIRM NAME		JOB TITLE		STARTING DATE		ENDING DATE	
				MO.	YR.	MO.	YR.
ADDRESS				START SALARY		END SALARY	
				<input type="checkbox"/> HR.	<input type="checkbox"/> HR.	<input type="checkbox"/> WK.	<input type="checkbox"/> WK.
				<input type="checkbox"/> WK.	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.
				<input type="checkbox"/> MO.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.
CITY		STATE	ZIP CODE		TELEPHONE NO.		
SUPERVISOR'S NAME			REASON FOR LEAVING				
DUTIES							
FIRM NAME		JOB TITLE		STARTING DATE		ENDING DATE	
				MO.	YR.	MO.	YR.
ADDRESS				START SALARY		END SALARY	
				<input type="checkbox"/> HR.	<input type="checkbox"/> HR.	<input type="checkbox"/> WK.	<input type="checkbox"/> WK.
				<input type="checkbox"/> WK.	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.
				<input type="checkbox"/> MO.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.
CITY		STATE	ZIP CODE		TELEPHONE NO.		
SUPERVISOR'S NAME			REASON FOR LEAVING				
DUTIES							
FIRM NAME		JOB TITLE		STARTING DATE		ENDING DATE	
				MO.	YR.	MO.	YR.
ADDRESS				START SALARY		END SALARY	
				<input type="checkbox"/> HR.	<input type="checkbox"/> HR.	<input type="checkbox"/> WK.	<input type="checkbox"/> WK.
				<input type="checkbox"/> WK.	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.
				<input type="checkbox"/> MO.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.	<input type="checkbox"/> MO.
CITY		STATE	ZIP CODE		TELEPHONE NO.		
SUPERVISOR'S NAME			REASON FOR LEAVING				
DUTIES							

I understand that if I am selected for employment, such employment will be for an indefinite period and may be terminated at any time by either party in accordance with the rules and regulations governing terminations "at will". I certify that the forgoing answers are correct to the best of my knowledge and belief.

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

### EQUAL OPPORTUNITY EMPLOYER

You have my permission to obtain information pertaining to my character, integrity, dependability and ability from the references and employers who are listed above and those employers are hereby authorized to release information.

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

**TOWN & COUNTRY CO-OP INC.**

**IMPORTANT NOTICE: REGARDING BACKGROUND REPORTS**

In connection with your application for employment, Town & Country Co-op Inc., may obtain one or more reports regarding your consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and other public record information from a consumer reporting agency. If Town & Country Co-op Inc. uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, Town & Country Co-op Inc. will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, Town & Country Co-op Inc. will notify you that the action has been taken and that the background report was the reason for the action.

We cannot obtain such background reports regarding you unless you consent in writing. If you agree that we may obtain background reports regarding your background history, please sign below.

**For Identification and Research Purposes Only:**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Other or Former Name(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License State \_\_\_\_\_ License Number \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender \_\_\_\_\_

Professional License: State \_\_\_\_\_ Type \_\_\_\_\_ No. \_\_\_\_\_

*I have read the above Notice Regarding Background Reports provided to me by Town & Country Co-op Inc, and I understand that if I sign this consent form, Town & Country Co-op Inc. may obtain reports of my background history.*

*I hereby authorize Town & Country Co-op Inc. and its employees, agents, and affiliates to obtain reports of my background history as described above.*

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\*If document is faxed or scanned, the document and my signature(s) are to be considered original for all purposes for which this document may be used.**