



PERSONAL INFORMATION

IF YOU HAVE RESUME, PLEASE ATTACH IT TO THIS APPLICATION

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE MOBILE PHONE EMAIL ADDRESS

DO YOU HAVE ANOTHER NAME YOU GO BY? YES NO

IF YES, PLEASE STATE YOUR ALIAS, AKA, OR OTHER NAME YOU GO BY: _____

ARE YOU A U.S. CITIZEN? YES NO

As required by law, you must provide documented proof that you are a U.S. citizen at the time of hire.

ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YOU HAVE BEEN CONVICTED OF A FELONY, PLEASE DESCRIBE WHAT HAPPENED:

HAVE YOU EVER BEEN DISMISSED FROM A PREVIOUS JOB BECAUSE OF MISCONDUCT OR UNSATISFACTORY PERFORMANCE? YES NO

IF ANSWERED YES TO THIS QUESTION, PLEASE DESCRIBE WHAT HAPPENED:

JOB POSITION DESIRED: _____ DATE AVAILABLE TO START: _____

ARE YOU ABLE TO LIFT AT LEAST 50 LBS. OR MORE? YES NO

DO YOU HAVE A DRIVER'S LICENSE? YES NO

IF YOU HAVE A CDL (COMMERCIAL DRIVER'S LICENSE), PLEASE DESCRIBE TYPE AND LIST ANY ENDORSEMENTS:
(A COPY OF THE PAST TWO YEARS OF YOUR DRIVING RECORD WILL NEED TO BE SUBMITTED WITH YOUR APPLICATION)

DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES NO

IF YOU HAVE ANY PHYSICAL LIMITATIONS, PLEASE DESCRIBE:

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

EDUCATION BACKGROUND

SCHOOL NAME	LOCATION	YEAR GRADUATED	DEGREE RECEIVED	MAJOR(S)

EMPLOYMENT HISTORY

Please enter your previous employment history beginning with the most current employer

 EMPLOYER

FROM _____ TO _____
 DATES EMPLOYED

 STREET ADDRESS

 CITY

 STATE

 ZIP CODE

 WORK PHONE

 PAY RATE

 JOB POSITION

DUTIES PERFORMED

 SUPERVISOR NAME AND TITLE

 REASON FOR LEAVING

 EMPLOYER

FROM _____ TO _____
 DATES EMPLOYED

 STREET ADDRESS

 CITY

 STATE

 ZIP CODE

 WORK PHONE

 PAY RATE

 JOB POSITION

DUTIES PERFORMED

 SUPERVISOR NAME AND TITLE

 REASON FOR LEAVING

PLEASE DESCRIBE ANY SPECIAL QUALIFICATIONS YOU MAY HAVE REGARDING THE JOB POSITION YOU'RE APPLYING FOR:

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER	YEARS KNOWN

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that all answers given herein are true and complete to the best of my knowledge. I also authorize an investigation on any and all statements contained in this application for employment as may be necessary in arriving at an employment decision. In any event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. By signing this application, I agree to all these terms stated above.

SIGNATURE OF APPLICANT

DATE

Please email completed application to jobopps@torrencegroupinc.com

FOR EMPLOYER USE ONLY

EMPLOYER REMARKS:

APPLICATION STATUS: APPROVED NOT APPROVED

INTERVIEWED BY: _____ DATE: _____