

Tiger Tower Services

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Successful completion of this application and the screening process are mandatory for employment
A drug test may be required in connection with a job offer

PERSONAL

Name: _____ Social Security Number: _____

Last First MI

Present Address: _____

Street (Apt.#) City State Zip

Home Telephone Number: _____ Are you eligible for employment in the U.S.A.? Yes _____ No _____

Emergency Contact Number: _____ Relationship: _____

Position Applied for : _____

Were you previously employed by AltairStrickland? _____ If yes, when? _____

List any friends or relatives working for AltairStrickland _____

EDUCATION

	Name and Location of School	Years Attended	Graduated		Degree/Diploma	Major
			Yes	No		
High School						
Business or Trade School						
College						
Graduate or Professional						

MILITARY SERVICE RECORD

Were you in the Armed Forces?	If yes, what branch?
Dates of Duty: From:	To:
List duties in the service:	

EMPLOYMENT HISTORY

Please list all employers for whom you have worked over the past 5 years starting with the most recent employer; furnish dates and explanations for each period of unemployment of one month or more. If you were self-employed, please indicate this. Do not omit any employment during these 5 years. Use the Supplemental Page(s) if needed to provide a full and accurate employment history.

Name and Address of Company and Type of Business	From	To	Starting Salary	Ending Salary	Reason for Leaving
Co. Name:					
Address:					
	Position:				
Phone:	Duties:				
Supervisor:					
Type of Business:					

Continue on Next Page

EMPLOYMENT HISTORY - cont'd

Name and Address of Company and Type of Business	From	To	Starting Salary	Ending Salary	Reason for Leaving
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Address:					
	Position:				
Phone:	Duties:				
Supervisor:					
Type of Business:					

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Supervisor:					
Type of Business:					

Complete only if driving is an essential function of the job for which you are applying:

Do you have a driver's license? Yes _____ No _____

Driver's license number: _____ Expiration Date: _____

State of Issue: _____ Type: _____ Operator _____ Commercial (CDL) _____ Chauffeur

Have you had any accidents during the past three years? Yes _____ No _____

If yes, describe: _____

Have you had any moving violations during the past three years? Yes _____ No _____

If yes, describe: _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please provide the following information. If you need additional space, please continue on the back of the Supplemental Page, if necessary. (A conviction will not necessarily disqualify an applicant for employment).

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Sentence</u>

Continue on Next Page

REFERENCES

List below the names of three (3) persons (not related to you) whom we may contact to obtain a reference.			
Name	Address	Phone	Relationship
1			
2			
3			

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that the information contained in this application form is true and correct and authorize AltairStrickland to verify any of the statements made by me in this application. I hereby authorize AltairStrickland to contact schools, previous employers (unless otherwise indicated), references and others to verify the information provided and/or provide information concerning my qualifications as a job applicant, including my prior employment history, and I hereby release AltairStrickland from any liability as a result of such contact. I understand that any misrepresentation, falsification or material omission of information on this application may result in failure to receive an offer, or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at any time, either at my option or the Company's. I understand that no employee or representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship unless he does so specifically in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S.

I understand that the Company has a drug and alcohol policy that prohibits the use of drugs and alcohol on the job and allows the Company to conduct certain drug and alcohol testing, including pre-employment testing. I further understand the Company requires a Driver's License Check and Criminal Background Check. I agree to be drug tested in accordance with the Company's policy and give my consent for the Driver's License and Criminal Background Check to be conducted. I understand that compliance with this policy is a condition of my employment.

I understand that this application will be active for 60 days. After that time, I understand that I must complete a new application to apply again.

Applicant's Signature

Date

AltairStrickland is an equal opportunity employer. We make employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, disability, current or former military service, and other factors that may be protected under federal, state or local laws. Your opportunity for employment will be based on your qualifications and other job-related factors.

Thank you for completing this application form and for your interest in AltairStrickland

SUPPLEMENTAL PAGE - EMPLOYMENT HISTORY - Cont'd

Please continue listing all employers for whom you have worked for the past 5 years.

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	Position:				
Phone:	Duties:				
Supervisor:					
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