## Norman Tower Service, Inc. Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE I	PAGES 1-5.		DATE		
Name					
	Last	First	Middle		Maiden
Present address					
	Number	Street	City State	Zip	
How long		Sc	cial Security No.		
Telephone ()					
If under 18, please list a	age				
			Mon Tue	ailable to work Thur Fri Sat Sun	
How many hours can yo	ou work weekly?		_ Can you work	nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY □FU	JLL- OR PART-	TIME
When available for work	k?				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)		OF YEARS PLETED	MAJOR & DEGREE
High School					
College					
Bus. or Trade School					
Professional School					
HAVE YOU EVER BEE	N CONVICTED OF A FEL	.ONY? 🔲 No	☐ Yes		
If yes, please explain					

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DO YOU H	AVE A DRIVE	R'S LICE	NSE?	☐ Yes	☐ No					
What is you	ır means of tra	ansportati	on to work	<b>ι?</b>						
	ense  Jate				of issue _		□ Operator	□ Comr	mercial (CDL)	□Chauffeur
-	ad any accide				oro?			Цом т	nnu2	
_	ad any accide ad any moving		• .	•		rs?			any? any?	
					OFFI	CE ONLY				
Typing Personal	□ Yes □ No □ Yes	 PC	_WPM		10-key		Word Proces	_	_	WPM
Computer	□ No	Mac								
Please list	wo references	s other tha	an relative	s or prev	/ious emp	loyers.				
Name						Name	<del></del>			
Position						Position				
Company						Company	<i>'</i>			
Address						Address				
_										
Telephone	()					Telephon	e <u>( )</u>			
	ace below to s which you are			itional inf	ormation	necessary t	o describe you	ır full qual	lifications for th	e specific

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MILI	TARY						
HAVE YOU EVER BEEN IN THE ARMED FORCES?	□ Yes □ No						
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	☐ Yes ☐	No					
Specialty Date E	ntered	Discharge Date	<b>:</b>				
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.							
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your last job title						
Reason for leaving (be specific)							
company.							
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your Last Job Title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned company.	advancements or pro	motions while you wo	rked at this				

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Work


Work Please list your work experience for the past five years beginning with your most recent job held.  If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employ Address	ver		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip ( Phone number	Code			From	Start	
				То	Final	
			Your last job title			
Reason for leavi	ing (be specific)					
company.	ı held, duties performed, ski	ilis usea or learned,	auvancements or pro	omotions while you wo	rked at this	
Niama of amountary			None of last	El	Barranaslani	
Name of employ Address	/er		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip ( Phone number	Code			From	Start	
				То	Final	
			Your last job title			
Reason for leavi	ing (be specific)					
List the jobs you company.	ı held, duties performed, ski	ills used or learned,	advancements or pro	omotions while you wo	rked at this	
Did you complet	your present employer? te this application yourself	□ Yes □ No □ Yes □ No				

#### AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with [the Company] creates an actual or implied contract of employment. I understand that, if I accept employment with [Company Name], it will be on an at-will basis. This means that either [Company Name] or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by [Company Name]. I release [Company Name], and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize [Company Name] to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release [Company Name] and its employees from all liability arising from such investigation.

Signature of applicant	Date:	

[Company Name] is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with [Company Name] depends solely on your qualifications.