

# TARTER MANAGEMENT COMPANIES EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IF NO PHONE, LIST A NUMBER YOU CAN BE REACHED AT: \_\_\_\_\_

ARE YOU 18 YEARS OLD OR OLDER? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE (Tarter Tube, Tarter Gate Plant #1  
Tarter Gate Plant #2, C-Ville, Green River Gate, DogWalk Market or Tarter Wood Products)? YES NO

IF SO, WHICH LOCATION? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

APPROXIMATE DURATION OF EMPLOYMENT (Week(s), Month(s), Year(s)). \_\_\_\_\_

PLEASE LIST THE NAME AND PHONE NUMBER OF YOUR TWO MOST RECENT EMPLOYERS:

1.) \_\_\_\_\_ PHONE: \_\_\_\_\_

2.) \_\_\_\_\_ PHONE: \_\_\_\_\_

WHAT SHIFT ARE YOU INTERESTED IN? 1ST OR 2ND (CIRCLE ONE)

WHAT TYPE OF JOB ARE YOU INTERESTED IN ? \_\_\_\_\_

WHAT TYPE OF SKILLS DO YOU OFFER (CDL, Forklift Experience, etc.) \_\_\_\_\_

TARTER MANAGEMENT COMPANIES RESERVE THE RIGHT TO UTILIZE PRE-EMPLOYMENT DRUG TESTING. BY SIGNING THIS APPLICATION YOU ARE AGREEING THAT YOU HAVE ANSWERED ALL OF THE ABOVE QUESTIONS COMPLETELY AND HONESTLY, AS WELL AS AGREEING TO TAKE A DRUG TEST AT THE DISCRETION OF MANAGEMENT. PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, AGE, ANCESTRY, VETERAN STATUS, OR RELIGION. THE UNDERSIGNED FURTHER UNDERSTANDS AND AGREES THAT THIS EMPLOYMENT APPLICATION IS NOT AN EMPLOYMENT AGREEMENT OR GUARANTEE OF EMPLOYMENT AND GIVES TARTER MANAGEMENT PERMISSION TO VERIFY AND/OR DISCLOSE ANY INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT. THE EMPLOYEE IS AN "AT WILL" EMPLOYEE, WHICH MEANS EITHER THE EMPLOYEE OR TARTER MANAGEMENT MAY TERMINATE THE EMPLOYMENT RELATIONSHIP FOR ANY REASON.