



1401 Mark St.
Elk Grove Village, IL 60007
847-640-3000

3373 Rauch St.
Houston, TX 77029
832-623-6659

APPLICATION FOR EMPLOYMENT

Email completed application to invoicing@twechicago.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

NOTE 1: Application must be completed and signed by applicant.

NAME: _____ DATE: ____/____/____
(LAST) (FIRST) (M.I.)

DATE OF BIRTH: ____/____/____ CAN YOU PROVE YOUR AGE? _____

POSITION(S) APPLIED FOR: _____

HOME PHONE # () – _____ CELL PHONE # () – _____

CURRENT
ADDRESS _____
STREET CITY/STATE/ZIP HOW LONG?

EMERGENCY CONTACT: _____ PHONE #: _____

RELATIONSHIP: _____

MARITAL STATUS: _____ # CHILDREN UNDER 18: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

ARE YOU PRESENTLY EMPLOYED? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

IS THERE ANY REASON YOU ARE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR
WHICH YOU HAVE APPLIED? _____ IF YES, PLEASE EXPLAIN: _____

ARE THERE ANY MEDICAL CONDITIONS WHICH MAY AFFECT OR RESTRICT YOUR ABILITY TO PERFORM THE
JOB AS DESCRIBED IN THE JOB DESCRIPTION/INTERVIEW? YES NO

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE? YES NO

HAVE YOU EVER HAD AN ALCOHOL CONCENTRATION OF .04 OR GREATER? YES NO

HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL? YES NO

ARE YOU ABLE TO PASS A PRE-EMPLOYMENT DRUG SCREEN? YES NO

I UNDERSTAND THAT, DUE TO THE NATURE OF MACHINERY BEING USED, I WILL BE SUBJECT TO RANDOM DRUG SCREENS AND ARE SUBJECT TO TERMINATION IF TESTED POSITIVE OR REFUSE TO TEST.

INITIAL HERE _____

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER FILED A WORKMANS COMPENSATION CLAIM? YES NO

PLEASE PROVIDE A BRIEF SUMMARY OF YOUR LAST 3 JOBS INCLUDING COMPANY NAME, LOCATION, DATES OF EMPLOYMENT, POSITION, AND RESPONSIBILITIES:

***** TO BE READ AND SIGNED BY APPLICANT *****

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this company.

(Printed name of applicant)

(Date)

(Signature of applicant)

(Social Security #)