



**LIST ALL FORMER AND CURRENT EMPLOYERS WITHIN THE PAST 10 YEARS WITH THE MOST RECENT EMPLOYER FIRST**

Name & Address of Employer	Beginning/Ending Dates of Employment (Month & Year)	Salary	Position	State Each & Every Reason for Leaving and/or Termination of Employment	Name & Phone Number of Immediate Supervisor
1. _____					
_____					
_____					
2. _____					
_____					
_____					
3. _____					
_____					
_____					
4. _____					
_____					
_____					
5. _____					
_____					
_____					

BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE.  
**PLEASE ALSO ACCOUNT FOR ALL GAPS BETWEEN JOBS**  
 (Request extra paper, if necessary)

**REFERENCES: List three persons not related to you, whom you have known at least one year.**

Name: 1. _____	2. _____	3. _____
Address: _____	_____	_____
_____	_____	_____
City/State/Zip: _____	_____	_____
Phone #: (____) _____	(____) _____	(____) _____

I authorize the references and employers listed above to provide you any and all information concerning my previous employment and any pertinent information they may have, and release you and all parties from any liability for any damages that may result from furnishing same to you. I waive any written notice of release of such information to the Agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**DRIVER'S LICENSE INFORMATION**

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**\*\*\*\*\*Answer the following question(s) only if the box next to the question is checked, or if applying for a position as a driver, or a position involving transportation of consumers or transportation of agency goods.\*\*\*\*\***

Do you currently hold a valid driver's license? Yes  No

If no, please explain: \_\_\_\_\_

List the following for each current valid driver's license you hold.

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State	License Number	Expiration Date	Class (Operators, Chauffeurs, etc.)
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State	License Number	Expiration Date	Class (Operators, Chauffeurs, etc.)
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During the past five years have you had any driver's license not listed above? Yes  No

If yes, for each list:

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State	License Number	Expiration Date	Class (Operators, Chauffeurs, etc.)
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State	License Number	Expiration Date	Class (Operators, Chauffeurs, etc.)
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Has your driver's license, permit, or driving privilege ever been denied, suspended or revoked? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been issued a probationary license, occupational license or other restricted license? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted for driving under the influence of alcohol, narcotic drugs, amphetamines, or derivatives thereof?

Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

During the past 3 years, have you ever been convicted of, or forfeited bond for any traffic violation, other than parking?

Yes  No  If yes, for each please list:

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Date	Violation	Location	Type of Vehicle
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Date	Violation	Location	Type of Vehicle
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(REQUEST EXTRA PAPER, IF NECESSARY)

**DISCLOSURE**  
**READ CAREFULLY BEFORE SIGNING**

1. I authorize TBHS to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, TBHS has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including investigative consumer reports).
2. I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries whether or not such information is part of their records. I further authorize TBHS in its sole discretion, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes. I agree to release you and all parties from any liability for any damages that may result from furnishing such information.

Information contained in reports obtained by TBHS in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that TBHS completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received. If employment is denied on the basis of information contained in a credit report, TBHS will advise you of its decision and provide the name and address of the credit reporting agency that made the report.

3. I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this Application or dismissal of any employment if I am hired.
4. I authorize TBHS to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure and, in consideration of its efforts to provide information, hereby release TBHS and its agents from any liability whatsoever as a result of any such inquiries and disclosures.
5. If employed, I understand that if I am or become a qualified individual with a disability in need of an accommodation in order to perform the essential functions of my job, I must notify the Chief Executive Officer in writing as soon as the need is known to me.
6. In consideration of my employment, I agree to conform to the rules and regulations of the Agency, and I agree that my employment can be terminated at any time with or without cause and with or without notice at the option of either TBHS or myself. I understand that no officer or representative of TBHS has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Chief Executive Officer of the Company, and any such agreement must be made in a signed writing, directed to me personally. I further acknowledge that no one has made any representations or statements contrary to TBHS' at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.
7. In further consideration of TBHS' review of my application and possible subsequent employment, I agree that any claim or lawsuit arising out of my employment with or my application for employment with TBHS or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of any employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**. Should a court determine in some future lawsuit that this provision allows any unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimal reasonable time within which the suit should have been commenced.
8. I acknowledge that my employment may be subject to Public Act 29 of 2006 which requires me to fingerprinting and FBI background check.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Feel free to use additional sheets of paper to tell us anything about your education, experience, work habits, attendance and or personal strengths that make you a superior candidate.