Employment Application



		Tomayo	lo-Tomahl	ndo, I	LLC					
APPLICANT INFORMATION										
Name (First then Last):	Social Security No.:									
Street Address:	Home Phone:									
City/State/Zip: Are you older than 18 years of age? Are you legally eligible for employm Note: All new hires will be required to provide pr	ent in the U.S.? oof of eligibility to work		☐ Yes	If not			e:			
How far do you live from this locatio Do you have a valid driver's license' Do you have reliable transportation Have you been convicted of a crim If yes, list convictions that are Note: No applicant will be denied empl	Yes Yes Within the last to a matter of puble	☐ No ☐ No ten years? ic record and	year convic		the b				o perform the job.	
EMPLOYMENT DESIRED Position(s) applying for: If hired, when could you start? Please fill in the hours you are AVAIL.	ABLE to work eac		Hourly Wa]	esired:		Part-tim	ne 		
MON	TUE	WED	THU		FRI		SAT			
Start Time End Time										
Are you presently employed?	□ _{Yes} □	No	May we cor	itact y	our pr	esent e	mployer	?	Yes No	
EDUCATION & TRAINING	Na	Name/ City of school						graduate?	Subject studied/o earned	degrees
High School				1	2	3 4	Υ	N		
College				1	2	3 4	Y	N		
Trade, business, or vocation school				1	2	3 4	Υ	N		
Other experience, skills, ot training relativ	e to the position ar	oplied for:								
PROFESSIONAL REFERENCES	Please lis	st the names and	contact informati	ion for th	ree pro	essional	references,	, whom you ha	ave known at least one	year.
Name		Address & Phone No.							Years Acquainted/How known	
EMPLOYMENT HISTORY			Plea	ise list by	/ most re	ecent em	ployment f	irst.		
Start Date End Date to Reason for Leaving:	Em 	Employer Name & Address:			Job title/duties: Final Wage: Supervisor:					
							ntact?		Yes No	

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EMPLOYMENT HISTORY	Please li	ist by most recent employment first.		
Start Date End Date	Employer Name & Address:	Job title/duties:		
to		Final Wage:		
Reason for Leaving:		Supervisor:		
		Phone No.:		
		May we contact?	Yes	No
Start Date End Date	Employer Name & Address:	Job title/duties:		
to		Final Wage:		
Reason for Leaving:		Supervisor:		
		Phone No.:		
		May we contact?	Yes	No
Start Date End Date	Employer Name & Address:	Job title/duties:		
to		Final Wage:		
Reason for Leaving:		Supervisor:		
		Phone No.:		
		May we contact?	Yes	No
related to my suitability for employme may result from utilization of such info	do. LLC to thoroughly investigate my criminal ent at Tomaydo Tomahhdo. In addition, I release mation. It and previous employers, and organizations ormation and release all persons, schools, em	ease Tomaydo Tomahhdo, LLC fro s contacted by Tomaydo Tomahh	om all liability for	any damage tha ide Tomaydo
If the position applied for requires drivunderstand that I will be required to p	ving in the course of work, I understand that I provide a copy of my official driving record a lity to be covered by Tomaydo Tomahhdo au	and proof of insurance. I also und	erstand that an	
implied or explicit, between me and with Tomaydo Tomahhdo is strictly vo any time, with or without prior notice,	in the application or conveyed to me during Tomaydo Tomahhdo. In addition, I understar luntary and at our mutual will. If employed, r with or without cause or reason, at the opticing are binding on Tomaydo Tomahhdo unle	nd and agree that if I am employ my employment is for no definite on of either Tomaydo Tomahhdo o	ed, my employ period and may or myself, and th	ment relationship y be terminated at nat no promises or
	/ Employer and considers all persons for emp ation, marital status, or status in any group pro			er, national origin,
*In signing below, I certify that I have read, f	fully understand and agree to the terms and o	conditions outlined in this applica	tion.	
Applicant's Signature:	*	Date:		