



A BRANCH OF TZELL TRAVEL GROUP

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Please Print

IDENTIFICATION

Last Name First Name Middle Initial

Present Street Address Daytime Phone

City State Zip Evening Phone

Permanent Street Address (if other than above) Other Phone

City State Zip

POSITION INFORMATION

Position Desired Position Reference Number Salary Desired
 Full Time Part Time Temporary

Referral Source:
 Advertisement Friend Relative Walk-In Employment Agency Other _____

ELIGIBILITY

Are You Authorized to Work in the United States? Do You Have a Valid Driver's License (If Applicable to Position)
 Yes No Yes No Other (specify)

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

Are Any Relatives Currently Employed at this Company? Yes No If Yes, Who and Relationship

Present or Most Recent Employer Name Start Date End Date

Address City State Phone

Job Title

Description of Work Responsibilities Reason for Leaving

Supervisor's Name Supervisor's Title May We Contact? Yes No

Employer Name Start Date End Date

Address City State Phone

Job Title

Description of Work Responsibilities Reason for Leaving

Supervisor's Name Supervisor's Title May We Contact? Yes No

Employer Name Start Date End Date

Address City State Phone

Job Title

Description of Work Responsibilities Reason for Leaving

Supervisor's Name Supervisor's Title May We Contact? Yes No

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EQUAL OPPORTUNITY EMPLOYER -- It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment. We are an equal opportunity employer. This means that employment decisions are based on merit and business needs. We do not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sex, gender identity, age, medical condition, sexual orientation, marital status, citizenship, pregnancy, physical or mental disability, genetic characteristics, veteran or any other protected by federal, state or local laws, or on the basis of any perception that an applicant or employee has any of these characteristics or on the basis that an applicant or employee is associated with someone who has or is perceived to have these characteristics.

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview/s may result in a denial of an offer of employment or, if I am hired, immediate discharge whenever it is discovered. Under the Federal Fair Credit Reporting Act of 1970, you may request in writing the disclosure of the nature and scope of the report referred to above, if any.

I authorize the release of any and all information concerning my previous employment, education, and any pertinent information that my prior employers and schools may have, personal or otherwise, and release all parties from liability for any damage that may result from providing the information to the Company.

I understand the statements which may be contained in policies, practices, handbooks and other company material do not create any contracts, express, implied, or guarantee of employment. I understand the Company has the absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other Company programs as it sees fit.

In consideration of my employment, I agree to conform to the rules, regulations and policies of the Company and I agree that, if I am hired, my employment will be at-will, meaning it may be terminated at any time, either by me or by the Company, with or without cause. I understand that no representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing three (3) paragraphs, and that such agreement must be in writing and signed by the President.

I understand that prior to employment, or from time to time during the course of my employment, I may be required, to the extent permitted by law, to take a physical examination, including drug screen, or similar test or examination, as a condition of hiring or continued employment.

I have read and understand the forgoing (5) paragraphs and have voluntarily agreed to them.

Signature

Date

Print Name