



## APPLICATION FOR EMPLOYMENT

<b>Employer:</b>	<b>Tinder Wholesale, LLC (“the company”)</b>
<b>Address:</b>	<b>7911 Notes Drive</b>
<b>City/State/Zip:</b>	<b>Manassas, Virginia 20109</b>
<b>Telephone:</b>	<b>(703) 368-9544</b>

*It is policy of Tinder Wholesale, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.*

<b>Applicant Name:</b> _____
<b>Address:</b> _____
<b>Number of years at this address:</b> _____
<b>Daytime phone:</b> _____ <b>Evening phone:</b> _____
<b>Social Security Number:</b> _____

### Who should be contacted if you are involved in an emergency?

**Contact Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_



**Job Position Applied For:** \_\_\_\_\_  
**Salary Desired:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Referral Source:** Who referred you to our company?

\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION:**

Have you applied to our company previously?  YES  NO  
If yes, when? \_\_\_\_\_

Are you at least 18 years old?  YES  NO  
If not, can you provide proof of eligibility to work?  YES  NO

Do you have reliable transportation to work?  YES  NO  
Driver's License Number: \_\_\_\_\_ (if applicable for position)  
What state issued your license? \_\_\_\_\_

Are you willing to work any shift, including nights and weekends?  YES  NO  
If no, please state any limitations: \_\_\_\_\_  
\_\_\_\_\_

If offered employment, when will you be available to work?  
\_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of the United States?  YES  NO  
If not, can you provide proof of lawful work status?  YES  NO

Are you able to perform the essential functions of the job with or without reasonable accommodation?  YES  NO  
Can you communicate in English?  YES  NO  
What reasonable accommodation, if any, would you require?  
\_\_\_\_\_



**Applicant Employment History: List your current or most recent employment first.**

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

**Applicant's Education and Training: List your education and training.**

High School Name and Address

\_\_\_\_\_  
\_\_\_\_\_

Last Grade?  9  10  11  12      Diploma?  YES  NO

College Name and Address

\_\_\_\_\_

Did you receive a degree?  YES  NO

If yes, degree received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_  
\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_  
\_\_\_\_\_



**Applicant's Skills:** Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill (one represents poor ability, while five represents exceptional ability).

Ability/Skill	Years of Experience	Rating
Word Processing <input type="checkbox"/>	_____	1 2 3 4 5
Bookkeeping <input type="checkbox"/>	_____	1 2 3 4 5
Filing <input type="checkbox"/>	_____	1 2 3 4 5
Sales (inside) <input type="checkbox"/>	_____	1 2 3 4 5
Sales (outside) <input type="checkbox"/>	_____	1 2 3 4 5
Millwork shop <input type="checkbox"/>	_____	1 2 3 4 5
Light manufacturing <input type="checkbox"/>	_____	1 2 3 4 5
Warehousing <input type="checkbox"/>	_____	1 2 3 4 5

**References:** List any two non-family members willing to provide a reference for you.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Please provide any other information that you believe should be considered:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**CERTIFICATION**

“I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize the company to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship with the Tinder Wholesale LLC is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, employee of the company, Tinder Wholesale LLC, or any other related entity (except in a specific written contract of employment signed on behalf of the organization by its controlling member) has the power to alter or vary the voluntary nature of the employment relationship.

I understand that it is the policy of Tinder Wholesale LLC that any dispute arising from an employment relationship shall be settled through the arbitration of a mutually acceptable, objective and capable third party who engage in the practice of such activities. Therefore, I agree that any claims, misunderstandings, controversies or any other type of dispute concerning a subsequent employment relationship between Tinder Wholesale LLC and myself shall be settled only through an arbitration process.

I agree to submit a physical examination prior to the commencement of an actual employment relationship with Tinder Wholesale LLC, and to submit to same, whenever requested after I have been employed. I understand that such an examination may include tests for the use of illegal drugs.

I agree to abide by all present and subsequently issued personnel policies and rules of Tinder Wholesale LLC. Further, I agree to use and properly maintain any company property issued to me for use in the performance of my job. If for any reason my employment should be terminated, I will return in good condition (including normal wear) any and all company property entrusted to me. If said property cannot be returned in good condition, I agree to pay for its replacement.”

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



# RELEASE AUTHORIZATION

## APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for employment, I understand that a consumer report or an investigation consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
- If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box  The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Tinder Wholesale LLC or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for/or release of any of the above mentioned information or reports.

Please print you full name	LAST	FIRST	MIDDLE
Please print other names you have used	LAST	FIRST	MIDDLE
Home Address			
City	State	Zip Code	
Social Security Number	Date of Birth		

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers license number	State Issuing License
Name as it appears on license	
Signature	Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

**THIS PAGE CONTAINS SENSITIVE INFORMATION, KEEP ONLY IN SECURE FILES, SEPARTATELY FROM PERSONNEL RECORDS!**