



Tiger Controls Inc

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 Greensboro, NC 27409
 Phone: 336.889.6265
 Fax: 336.889.5436
 www.tigercontrols.com

Equal Opportunity Employer

Application for Employment

Only completed and signed applications will be evaluated. Applications containing incomplete or "see résumé" responses will not be processed.

PERSONAL INFORMATION

NAME

Last First Middle

CURRENT ADDRESS

Street City State Zip

HOME PHONE CELL PHONE

POSITION FOR WHICH YOU ARE APPLYING

AVAILABILITY: FULL TIME PART TIME TEMP CAN YOU WORK NIGHTS? Y N

DAYS AVAILABLE TO WORK: No Preference Mon Tues Wed Thurs Fri Sat Sun

DATE AVAILABLE TO START: ARE YOU UNDER AGE 18? Y N

HAVE YOU APPLIED HERE BEFORE? Y N WHEN?

REFERRED BY: NEWSPAPER AGENCY FRIEND/RELATIVE JOB BOARD OTHER

DO YOU HAVE ANY RELATIVES/FRIENDS WORKING HERE? Y N NAME:

OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Y N PLEASE EXPLAIN

A conviction does *not* automatically exclude you from consideration for employment.

EDUCATION

	GRADES	YRS COLLEGE	MAJOR/DEGREE
HIGHEST LEVEL COMPLETED:	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

HIGH SCHOOL NAME & LOCATION

COLLEGE NAME & LOCATION

POST GRADUATE DEGREES

SCHOLASTIC HONORS & PROFESSIONAL ORGANIZATIONS

OTHER TRAINING OR CERTIFICATION THAT CONTRIBUTES TO YOUR QUALIFICATIONS

EXPERIENCE

Please list your last three employers, beginning with the most recent. You may submit a résumé to *supplement* information given.

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

SUPERVISOR EMAIL

REASON FOR LEAVING

DATES EMPLOYED

to

FINAL POSITION

FINAL SALARY \$

per

DUTIES

MAY WE CONTACT? YES NO If no, why?

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

SUPERVISOR EMAIL

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FINAL SALARY \$

per

DUTIES

MAY WE CONTACT? YES

NO If no, why?

HAVE YOU EVER SERVED IN THE MILITARY? Y N

DATES:

to

RANK UPON DISCHARGE

TYPES OF EQUIPMENT AND SOFTWARE WITH WHICH YOU ARE PROFICIENT

CERTIFICATION

Read carefully before signing.

I certify that the information I have provided on this Application for Employment is true and complete. I have had an opportunity to review/discuss the job requirements for this position and I can perform the essential functions of the job, with or without reasonable accommodation. I understand and agree that employment with this company, if offered, may be immediately discontinued if misrepresentation, false statements or material omissions are found to have been made. I hereby authorize the company or any agency acting on its behalf to conduct a background check which may include criminal records search and credit report. I authorize educational institutions, former employers and former supervisors, and other organizations to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I understand that employment, if offered, is contingent upon proof of identity and employment eligibility for completion of a Form I-9 will be required, as well as additional information necessary for employee record purposes. I understand that, if employed, the company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the company. If employed, I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I understand that this application will become inactive in sixty days unless reactivated by me in person or in writing. I understand that, upon request, I will be provided a copy of my signed Application for Employment. I have read the above, understand its content and meaning, and agree to all of its provisions.

APPLICANT'S SIGNATURE

DATE