## **APPLICATION FOR EMPLOYMENT**



			Date
How were you referred to us?			
PERSONAL DATA			
(Print Name) Last, First, Middle			
Current Street Address			
City	State	Zip	How long have you lived there? Year Months
Home Phone Number	ļ	Mobile Phone Nu	umber
Previous Street Address			
City	State	Zip	How long did you live there? Year Months
Are you 18 years or older?			☐ Yes ☐ No
Have you ever worked for Tropic S	Supply, Inc.?		☐ Yes ☐ No
Have you ever applied to Tropic S  Do you have any friends or relative	es working here?		☐ Yes ☐ No ☐ Yes ☐ No
	es working here?	)	<del></del>
Do you have any friends or relative	elationship:  ontest" to a crime, been of	convicted of a crime, had	<del></del>
Do you have any friends or relative  If "Yes", please give name(s) and r  Have you ever pled guilty or "no cadjudication withheld or prosecution.	elationship:  ontest" to a crime, been on deferred, or do you ha	convicted of a crime, had	☐ Yes ☐ No
Do you have any friends or relative  If "Yes", please give name(s) and r  Have you ever pled guilty or "no c adjudication withheld or prosecution pending?	elationship:  ontest" to a crime, been on deferred, or do you hath:  n:	convicted of a crime, had ave any criminal charges	☐ Yes ☐ No ☐ Yes ☐ No



## PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with your present or last employers first. Be sure to account for all periods of time, including military service and any period of unemployment. If self-employed, give the name of your company and supply business references. All information must be provided for all positions listed. Applications with missing information will not be accepted. Resumes will not be accepted as applications for employment.

Present or Past Employer					
Street Address					
City	State	Zip	Telephone		
Title/Position			,		
Employed From (Mo/Yr)	Pay Start \$	Pay Start \$ Last Supervisor Name			
To (Mo/Yr)	Pay Final \$	Last Supen	Last Supervisor Title		
Reason for Leaving					
Present or Past Employer					
Street Address					
City	State	Zip	Telephone		
Title/Position					
Employed From (Mo/Yr)	Pay Start \$	Last Supen	risor Name		
To (Mo/Yr)	Pay Final \$	Last Supen	visor Title		
Reason for Leaving					
Present or Past Employer					
Street Address					
City	State	Zip	Telephone		
Title/Position					
Employed From (Mo/Yr)	Pay Start \$	Last Supen	visor Name		
To (Mo/Yr)	Pay Final \$	Last Supen	Last Supervisor Title		
Reason for Leaving					
Present or Past Employer					
Street Address					
City	State	Zip	Telephone		
Title/Position					
Employed From (Mo/Yr)	Pay Start \$	Last Supen	risor Name		
To (Mo/Yr)	/lo/Yr) Pay Final \$ Last Supervisor Title				
Reason for Leaving	·	·			
List any other employers you have h	nad in the last ten (10) year	rs:			
Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No					
If "Yes", please give details of each:					
Please explain any gaps in your emp	ployment history:				



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Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

EDUCATION				
School Name	Years Completed (check)	Diploma or Degree	Course of Study/ Major	Specialized Training/ Extra Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade/Correspondence				
Other				

PERSONAL REFERENCES				
Name	Occupation	Telephone Number	Number of Years Known	

## **APPLICATION FOR EMPLOYMENT**



DRIVERS O	NLY		
Do you have a	current driver's license?	□ Yes □ No	
State:	License No:		Expiration Date:
Has your licens	se ever been suspended or r	☐ Yes ☐ No	
f "Yes", please	give details:		
Has your perso	onal automobile insurance ev	□ Yes □ No	
If "Yes", please	give details:		
Have you ever intoxicated (DV		the influence (DUI) or driving while	□ Yes □ No
If "Yes", please	give details:		
Please list all m	noving violations you have ha	ad in the last 5 years:	Location:
Offense:		Date:	Location:
Offense:		Date:	Location:
Offense:		Date:	Location:
ONSIDEREI	D FOR EMPLOYMENT	AFTER THAT TIME YOU MU	Y (30) DAYS. IF YOU WISH TO BE ST REAPPLY. VIDED ON THIS APPLICATION IS TRUE AND
ignature of A	Applicant		Date
TR	OPIC SUPPLY, INC. IS A	DRUG-FREE WORKPLACE A	ND EQUAL OPPORTUNITY EMPLOYER

COMMITTED TO YOU AND YOUR BUSINESS, ALWAYS