

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE. AN EQUAL OPPORTUNITY EMPLOYER)



**TCI Manufacturing & Equipment Sales, Inc.**  
 P.O. Box 306    28524 1250 E St.  
 Walnut, IL 61376  
 Ph. 815/379-2090    Fax 815/379-2690

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile/Other # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Position(s) applying for \_\_\_\_\_

What qualifications do you have? \_\_\_\_\_

Do you have any physical limitations that prohibit you from performing the work for which you are being considered? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

<u>Education</u>				
School	No. of Yrs. Attended	Name of School	Course	Did you Graduate?
Grammar				
High				
College				
Other				

<u>Experience</u>					
Name and Address of Company	Employed From	To	List Your Duties	Wage	Reason for Leaving

<u>References</u>		
Name	Address	Occupation