



### APPLICATION FOR EMPLOYMENT

Tuson Manufacturing Company LLC  
435 Precision Parkway ~ P.O. Box 316  
Story City, IA 50248  
Phone: 515-733-4477  
Email: [hr@tuson.com](mailto:hr@tuson.com)

			Application Date
Last Name	First (Full Legal Name)	Middle	Social Security Number
Street Address/Apt Number	City Zip	State	
Home Phone	Alternate Phone	Email Address	
Have you ever been known by any other name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes – name(s):			
Are any of your friends or members of your family currently employed at TMC? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, give name(s) and relationship			
How did you hear of us? Walk-In, Newspaper, Web Ad, Agency, Referral (Include Referrer's Name.):			
Have you previously applied at or been employed by TMC? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes – When?			
Are you 18 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you legally authorized to be employed in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>In compliance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States within 3 days of hire and to complete the required employment eligibility verification form upon hire.</i>		

Employment Desired		
Job Title	Date you can start	Salary Requirements
Total Hours Available per Week	Request Full-Time, Part-Time, or Seasonal	
Preferred Work Shift		
<input type="checkbox"/> 1 <sup>st</sup> Monday – Thursday 5:00 a.m. – 3:00 p.m. <input type="checkbox"/> 2 <sup>nd</sup> Monday – Thursday 3:00 p.m. – 1:00 a.m. (a 10% shift premium applies) <input type="checkbox"/> 3 <sup>rd</sup> Friday – Sunday 5:00 a.m. – 5:00 p.m. ( a 12% shift premium applies)		
Education and Training		
Do you have a high school diploma or GED? <input type="checkbox"/> No <input type="checkbox"/> Yes	Circle the highest degree earned: High School Diploma    GED    Certificate    Associate (two year)    Bachelor (4 year)    Other	
Name of last school attended	City	State
List areas of specialties and/or degree(s), certificates, licenses, endorsements		
List training and skills (production machine operator, office equipment, special courses, computer skills, etc.)		
Explain why you would like to work for TMC:	I have read, understood, and am able to perform the essential job duties required of the position for which I am applying. <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you been discharged from a job? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list employer, dates, and explanation.		
Have you been convicted of a felony crime within the last 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>(This question is voluntary and disclosing of information regarding a conviction(s) will not automatically result in a denial of employment.)</b>		

<b>Employment History</b>		List employers -- starting with the current or most recent.	
<b>Company Name</b>		Job Title	
Address		Name of Supervisor/Title	
Start Date	End Date	Rate of Pay	
Job Duties			
Reason for Leaving			
<b>Company name</b>		Job Title	
Address		Name of Supervisor/Title	
Start Date	End Date	Rate of Pay	
Job Duties			
Reason for Leaving			
<b>Company name</b>		Job Title:	
Address		Name of Supervisor/Title	
Start Date	End Date	Rate of Pay	
Detailed Job Duties			
Reason for Leaving			
May we contact your former employers to verify this information?		May we contact your current employer?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	

**References** Give name(s) of person(s) familiar with your current abilities who we may contact for a reference. Please do not list relatives.

Name	Relationship to Applicant	Organization
Telephone	Address	
Name	Relationship to Applicant	Organization
Telephone	Address	

I certify that the answers given on this application are true and complete to the best of my knowledge. I understand that investigation of all statements contained in this application for employment may be conducted as necessary in arriving at an employment decision.

I understand that all employment relationships with this organization is at will which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

I understand that if offered employment I am required to follow all policies, rules and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the Company's policy to provide equal opportunity for all applicants and employees without regard to race, color, religion, sex (including pregnancy), sexual orientation, gender identity, national origin, ancestry, age, disability, marital status, genetic information, or any other basis protected by federal, state, or local laws. Any form of discrimination or harassment related to these factors is expressly prohibited. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, transfer, promotion, termination, layoff, leaves of absence, wage and compensation and training.

In accordance with the Iowa Smoke-free Air Act, the Company prohibits smoking (which includes the inhaling, exhaling, burning, or carrying of a lighted cigar, cigarette, pipe, vaping apparatus, e-cigarette, etc., or other tobacco products in the following areas:

- Any building or structure owned, rented, or leased by the Company, including but not limited to customer areas, work areas, private areas, conference and meeting rooms, break rooms, hallways, restrooms, stairways, and stairwells
- In any vehicles owned by or leased to the Company
- This prohibition applies to all employees, customers, and visitors of the Company. Violations should be reported immediately, and the Company will not retaliate against any person who reports a violation of this policy.

**For Employer Use Only**

Date Application Received:	_____
Initials of HR Representative:	_____
Notes:	_____



## Background Check Notice to Applicant Authorization for Consumer Report

I, the undersigned applicant, do hereby certify that all information provided by me for the purposes of employment are true and complete to the best of my knowledge. I understand that falsification of any information on Company documents may lead to denial of employment or up to and including termination if I am hired.

In connection with my application for employment, I understand that investigative background inquiries shall be made about me that can include consumer credit, education verification, criminal convictions, motor vehicle records check, workers' compensation, and others. These reports will include information as to my character, general reputation, work habits, performance, and experience, along with reasons for termination of employment from previous employers. Further, I understand that you shall be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experience.

I authorize, without reservation, any party or agency contacted by TMC, LLC to furnish the above-mentioned information prior to or at any time during my employment. **The information on this form will be used solely for the purpose of conducting background checks to determine eligibility and will be maintained in a confidential file, sperate from the general personnel files.**

I hereby release all of the persons and agencies providing such information from any and all claims, damages, or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I hereby agree to forever release and discharge TMC, LLC to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information contained in a consumer credit report.

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

I wish to receive a copy of my consumer report. My address is:

<b>Print Name (Last, First, &amp; Middle)</b>			
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>