



APPLICATION FOR EMPLOYMENT

Tuson Corporation
475 Bunker Court
Vernon Hills, IL 60061-1832
USA
info@tuson.com
Telephone: +1-847-816-8800

			Application Date:
(Full Legal Name) Last:	First:	Middle:	Social Security Number:
Street Address / Apartment Number:	City:	State / ZIP (Postal) Code:	
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, list all name(s):			
Are any of your friends or family members currently employed by Tuson? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide their name(s) and relationship(s):			
How did you hear about us? (i.e., Drive-By, Newspaper, Web Ad, Agency, Referral [Please Include Referrer's Name]):			
Have you ever previously applied at, or been employed by, Tuson? <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 USA? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>In compliance with U.S. Federal Law, all persons hired will be required to verify identity and eligibility to work in the United States within three (3) days of hire, and to complete the required employment eligibility verification form upon hiring.</i>		

Position Desired:		
Job Title:	Date you can Start:	Salary Requirements:
Total Hours Available per Week:	Indicate Full-Time, Part-Time, or Seasonal:	

Education and Training:

Do you have a high school diploma or GED?

No Yes

Circle the highest degree earned:

High School Diploma GED Certificate Associate (2 year) Bachelor (4 year) Other

Name of last school attended:

City, State, Country:

List areas of specialties and / or degree(s), certificates, licenses, endorsements, etc.:

List training and skills (i.e., production machine operator, office equipment, special courses, computer skills, licenses, etc.):

Explain why you would like to work for Tuson:

I have read, understood, and am able to perform the essential job duties required of the position for which I am applying:

No Yes _____ Initial here

Have you ever been discharged from a job?

No Yes

If yes, list employer, dates, and explanation:

Have you ever been convicted of a felony crime?

No Yes

(This question is voluntary, and disclosing of information regarding a conviction(s) will not automatically result in a denial of employment.)

Employment History:		List employers, starting with the current or most recent:	
Company Name:		Job Title:	
Address:		Name of Supervisor & Title:	
Starting Date:	Ending Date:	Rate of Pay:	
Job Duties:			
Reason for Leaving:			
Company Name:		Job Title:	
Address		Name of Supervisor & Title:	
Starting Date:	Ending Date:	Rate of Pay:	
Job Duties:			
Reason for Leaving:			
Company Name:		Job Title:	
Address:		Name of Supervisor & Title:	
Starting Date:	Ending Date:	Rate of Pay:	
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 – Provide the names of persons familiar with your skills and abilities, and whom we may contact as references. Please do not include family members (relatives):

Name:	Relationship to Applicant:	Organization:
Telephone Number:	Address:	
Name:	Relationship to Applicant:	Organization:
Telephone Number:	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 within this application for employment may be conducted as necessary in arriving at an employment decision.

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

In the event of my employment, I understand that false or misleading information contained within in my application, or provided by me during the interview process, may result in my discharge.

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

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 applicable laws, the Company prohibits smoking (which includes the inhaling, exhaling, burning, or carrying of a lighted cigar, cigarette, pipe, vaping apparatus, e-cigarette, etc., or the use of 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;
- Elsewhere on Company Property;
- In any vehicles owned by or leased to the Company; and;
- This prohibition applies to all employees of, customers of, suppliers of, and visitors to the Company. Violations should be reported immediately. 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 and
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 discipline up to and including termination of employment, 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 the Company 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 experiences.

I authorize, without reservation, any party or agency contacted by Tuson Corporation 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 documentation is as valid as the original.

I hereby agree to forever release and discharge Tuson Corporation, 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 my 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:

Print Name (Last, First, Middle):			
Street Address:	City:	State:	Zip (Postal) Code: