



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print

Date _____

Information					
Name	_____		_____		_____
	Last	First	Middle		
Business Telephone	_____		Home Telephone	_____	
	(Area Code)	Number	(Area Code)	Number	
Social Security No.	_____ - _____ - _____				
Present Address	_____				
	No.	Street	City	State	Zip
Permanent Address if different from present address	_____				
	No.	Street	City	State	Zip

Employment Desired	
Position Applying for	_____
Are you applying for:	
Regular full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Regular part-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Temporary work, e.g., summer or holiday work? Yes <input type="checkbox"/> No <input type="checkbox"/>
What days and hours are you available for work?	_____
If applying for temporary work, during what period of time will you be available?	
From	_____
Are you available for work on weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you be available to work overtime, if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, on what date can you start work?	_____
Salary desired	_____



Personal Information

Have you ever applied to or worked for TsiCorp before? Yes No

If yes, when? _____

Do you have any friends or relatives working for TsiCorp? Yes No

If yes, state name(s) and relationship(s) _____

Why are you applying for work at TsiCorp? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination and passing skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No



Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Health Care				

Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at TsiCorp? If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified or have special clearances for the job applied for? Yes No

Name of license/certification or special clearances _____

Issuing state and/or department _____

License/certification number _____

Has your license/certification or special clearance been revoked or suspended? .. Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:



Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. _____ Your Supervisor's Name _____
(Area Code) Number

Your Position and Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No. _____ Your Supervisor's Name _____
(Area Code) Number

Your Position and Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____



Employment History (continued)*

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. _____ Your Supervisor's Name _____
(Area Code) Number

Your Position and Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. _____ Your Supervisor's Name _____
(Area Code) Number

Your Position and Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

**Note: Attach additional page(s) if necessary.*



Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. _____ Number of Years Acquainted _____
(Area Code) Number

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. _____ Number of Years Acquainted _____
(Area Code) Number

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. _____ Number of Years Acquainted _____
(Area Code) Number



Certifications and Authorizations

Please Read Carefully, Initial Each Paragraph and Sign Below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature _____ Date _____



Jimenez and Associates, Inc.

Background Check Release and Authorization Form

THIS FORM MUST BE COMPLETED BY APPLICANT

Name of Your Company and Location: _____

PLEASE TYPE OR PRINT CLEARLY AND FILL IN COMPLETELY

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Maiden Name: _____ Sex: _____

Place of Birth: _____

SSN#: _____ DL # & State: _____

Current Home Address: _____ From: _____ To: _____

City, State, Zip _____ County: _____

Please provide your resident addresses for the past 7 years:

- | | | |
|----------|------------|----------|
| 1. _____ | From _____ | To _____ |
| 2. _____ | From _____ | To _____ |
| 3. _____ | From _____ | To _____ |
| 4. _____ | From _____ | To _____ |

Have you ever been convicted of a criminal offense?: Yes: No:

If Yes, give details (City, State, County, Date, Disposition and Charge):

DISCLOSURE: A CONSUMER REPORT MAYBE PROCURED FOR EMPLOYMENT PURPOSES.

In accordance with Fair Credit Reporting Act, a consumer report or investigation consumer report including information about your reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics and a summary of your rights.

RELEASE AND AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel records center, personnel references, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earning history and employment records, workers compensation claims, general reputation, character, or any other information requested to JAInc. and/or it's agents or representatives. I voluntarily and knowingly unconditionally release and named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. In compliance with The 1990 Americans with Disabilities Act, a worker compensation search may only be requested when conditional job exists.

Signature _____

Date _____



Authorization to obtain motor vehicle records

December 5, 2008

TsiCorp
501 South Rancho Drive, Suite I-58
Las Vegas NV 89106

Attention: Spring Edwards

I am aware that consumer and motor vehicle reports may be obtained as part of TsiCorp's evaluation of my job application and/or employment. The reports may be procured by TsiCorp or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for TsiCorp or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature Applicant/Employee

Name as it appears on Driver License

Driver License Number/State of Issuance

Date of Birth



EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant:

Completion of this form is *entirely* voluntary, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if this company hires you.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

I choose not to participate in the self-identification process.

To be completed by employer:

EEO-1 Category: 1. Officials and Managers 6. Operatives – semi-skilled
 2. Professionals 7. Craftsmen - skilled
 3. Technicians 8. Laborers - unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name _____ Date _____

NAME (PRINT)

SIGNATURE

DATE