TEWS COMPANY
1000 Legion Place Suite 730
Orlando, FL 32801
407.956.6180
www.tewscompany.com

STEP 1: OPEN APPLICATION
STEP 2: CLICK ON **TEXT FIELDS** TO COMPLETE APPLICATION
STEP 3: SIGN APLICATION BY ENTERING YOUR NAME
STEP 4: SAVE
STEP 5: EMAIL TO **INFO@TEWSCOMPANY.COM**

APPLICATION FOR EMPLOYMENT

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, DISABILITY, OR NATIONAL ORIGIN.

PERSONAL DATA

Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____ Length of Time: _____
Street Address City, State, Zip Years Months

Previous Address: _____ Length of Time: _____
Street Address City, State, Zip Years Months

Home Phone: _____

After employment, can you provide appropriate documentation of your legal right to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a crime, pled no contest to a crime or had adjudication withheld?
Yes _____ No ☐

If yes, please explain _____

Being convicted of a crime, pleading no contest or having adjudication withheld will not necessarily prevent you from employment at Tews Company

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Degree or Diploma
Post Graduate				
College				
High School				
Describe Specialized Training, Military Experience, and Extra-Curricular Activities				

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name and Address	Dates Employed From: To:	Starting Salary
Phone ( )	Name of Supervisor	Ending Salary
Position and Description of Work	Reason for leaving	May We Contact for a Reference? ☐ Yes ☐ No

Company Name and Address	Dates Employed From: To:	Starting Salary
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Position and Description of Work	Reason for leaving	May We Contact for a Reference? ☐ Yes ☐ No

SPECIAL SKILLS / SOFTWARE

☐ Word Processing / Spreadsheet / Graphics _____ _____ _____ _____ ☐ Accounting System Software _____ _____ _____ _____	☐ Development Software _____ _____ _____ _____ ☐ Foreign Languages _____ _____ _____ _____	☐ Typing _____ WPM ☐ Shorthand _____ WPM ☐ PBX Switchboard ☐ Other _____ _____ _____ _____

PROFESSIONAL REFERENCES

Name	Address and Phone	Business	Years Known
1.			
2.			
3.			

PLEASE READ AND SIGN BELOW

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me. I also authorize the companies, schools, and persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that a drug/alcohol test may be required prior to employment and at any time during my employment to the extent permitted by applicable law. I understand that any misleading or incorrect statements may render this application void and if employed, would be cause for termination. I understand that if employed, I have been hired at the will of the employer and that employment may be terminated at will, at any time, with or without cause; the employer's only obligation would be to pay salary or wages due and owing at the time of termination on the next regularly scheduled payday.

In consideration of my employment, I agree to conform to the rules, regulations, and policies of this Company. I understand that the rules, policies, plans, and procedures of this Company are not to be considered provisions of employment and that the company reserves the right to modify, revoke, suspend, terminate, or change any or all such plans, rules, policies, or procedures, in whole or in part, at any time, with or without notice.

I further understand that no representative of this Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

This application will receive active consideration for thirty (30) days. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

I have read the above statements and understand them.

_____ _____

Signature of Applicant Date

NOTIFICATION TO APPLICANT THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that this Company may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. “Consumer reports” include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An “investigative consumer report” contains information on your character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

_____ _____

Signature of Applicant Date

_____

Name (Please Print)