



Employment Application

Personal Data

Position Desired: _____ Date Available: _____

Name: _____
First Middle Last Other Last Name(s) Used

Address: _____
Street City County State Zip Code

How long at this address? _____

Previous Address: _____
Street City County State Zip Code

How long at this address? _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Email Address: _____ Social Security Number: _____ - _____ - _____

Education

Name of School Attended	Street, City, State	Major	Overall Grade Point Average	Degree Received Yes/No	Type of Degree
High School:					
College:					
Other:					

Other Skills – check all that apply

	Basic	Intermediate	Advanced
Internet			
Word			
Excel			
Outlook			
Powerpoint			



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Other

Do you currently have a valid driver's license? Yes _____ No _____ If yes, please indicate the state and license number. State _____ Driver's License Number _____

Have you ever been convicted of a felony? Yes _____ No _____
If yes, please explain _____

Are you able to relocate if called for in the job? Yes _____ No _____

Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your company when absent or any other attendance-related reason?
Yes _____ No _____

Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses?
Yes _____ No _____

Have you ever been disciplined or discharged for insubordination or misconduct?
Yes _____ No _____

Are you legally eligible for employment in the United States?
Yes _____ No _____ (If yes, proof is required.)

Are you of legal age to work in the United States?
Yes _____ No _____

What salary would you consider? _____

Who referred you to us? _____



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Employment Experience: Please complete all sections, even if attaching a resume.

Job #1	Job #2
<i>Employer's Name:</i>	<i>Employer's Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Phone Number:</i>	<i>Phone Number:</i>
<i>Employment Dates:</i>	<i>Employment Dates:</i>
<i>Rate of Pay:</i>	<i>Rate of Pay:</i>
<i>Last Position Held:</i>	<i>Last Position Held:</i>
<i>Supervisor:</i>	<i>Supervisor:</i>
<i>Reason for Leaving:</i>	<i>Reason for Leaving:</i>
<i>Duties:</i>	<i>Duties:</i>
Job #3	Job #4
<i>Employer's Name:</i>	<i>Employer's Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Phone Number:</i>	<i>Phone Number:</i>
<i>Employment Dates:</i>	<i>Employment Dates:</i>
<i>Rate of Pay:</i>	<i>Rate of Pay:</i>
<i>Last Position Held:</i>	<i>Last Position Held:</i>
<i>Supervisor:</i>	<i>Supervisor:</i>
<i>Reason for Leaving:</i>	<i>Reason for Leaving:</i>
<i>Duties:</i>	<i>Duties:</i>



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Applicant's Statement (Please read before Signing)

I hereby certify that the information provided on the Application (and any accompanying resume) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities and agree to cooperate in such investigation and to release from all liability or responsibility and to hold harmless all persons and employers requesting or supplying such information.

I hereby agree to submit to any lawful drug testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge. I consent to have urine, breath, blood or tissue sample(s) obtained by a physician, nurse or technician prior to employment and also at any time during my employment when TVC Communications, L.L.C., (TVC), reasonably believes that there is a violation of TVC's substance abuse policy.

I further understand and agree that if employed, TVC Communications, L.L.C. may terminate or modify the employment relationship at any time without prior notice or cause, just as I may terminate my employment at any time without notice or cause and that my employment is "at-will." I acknowledge that I do not rely and have not relied on any representation or statements made by TVC Communications, L.L.C. or any of its agents, representatives or supervisors, whether oral or otherwise, that are inconsistent with or differ in any way from the statement presented in this application. In consideration of my employment, I agree to conform to the rules and policies of TVC Communications, L.L.C., and I understand that no supervisor or representative of TVC Communications, L.L.C. has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurance contrary to TVC Communications, L.L.C.'s policies unless reduced to writing and signed by both me and the Vice President, Human Resources. I also understand that this Application is not an offer of, or a contract of employment.

TVC Communications, L.L.C. is an equal opportunity/affirmative action employer and has established a written Affirmative Action Plan with respect to equal employment opportunity. TVC Communications, L.L.C.'s AAP has been prepared in conformity with Executive Order 11246. TVC Communications, L.L.C. does not discriminate and no question on the Application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by federal, state or local law. All employment decisions shall be consistent with the principle of equal employment opportunity, and only valid qualifications will be required.

This Application is current and active for only ninety (90) days. At the conclusion of that time, if I have not had any contact from TVC Communications, L.L.C. and still wish to be considered for employment, it will be necessary for me to fill out a new Application.

I understand that according to federal law, individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. Citizen status or, if aliens, their legal authorizations to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Applicant's Signature

Date



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ALLINGTON INTERNATIONAL

WAIVER TO RELEASE INFORMATION

In accordance with The Patriot Act, The Privacy Act, the Right to Financial Privacy Act, Freedom of Information Act, The Americans with Disability Act, all National, State and Local laws and requirements; I expressly authorize any person associated with any educational institution, past or present employer, any law enforcement agency, any governmental agency (Federal, State or Local), any private/public medical institution or office, or any person who has personal knowledge of my character, work experience, criminal records, Motor Vehicle Records (including, California, Colorado, Pennsylvania), education, medical history, credit history and overall mode of living to release this information to **ALLINGTON INTERNATIONAL, INC.** for the purpose of being considered for employment with:

TVC Communications, L.L.C.
COMPANY

DATE

SIGNATURE

PRINT NAME

MAIDEN NAME OR A/K/A

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

STATE ISSUED

STREET ADDRESS

CITY AND COUNTY

STATE

19885 Detroit Road, Suite 314-Cleveland, Ohio 44116-Telephone 886-729-8555

