



Employment Application

TDA Consulting, Inc. is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Please submit a résumé with this employment application.

Personal Data

Name (first, middle, last): _____

Current street address: _____

City, state, zip code: _____

Home phone: _____

Mobile phone: _____

Daytime telephone (where we may contact you): _____

Email address: _____

Are you 18 years of age or older? ☐ Yes ☐ No

How were you referred to TDA Consulting, Inc.? (Check the most appropriate response.)

☐ College or university

☐ Recruiter or agency

☐ Employee

☐ Advertisement

☐ No referral; walk-in

☐ Other: _____

Position Preferences

Position for which you are applying: _____

Annual salary desired: \$ _____

Schedule desired: ☐ Full-time ☐ Part-time, number of hours per week: _____Could you work overtime? ☐ Yes ☐ No

What date could you start work? _____

Could you travel if required by this position? ☐ Yes, percentage of time: _____
☐ No**Education**

Name of high school: _____

City and state: _____

Degree or number of years completed: _____

Major or subject: _____

Grade point average: _____

Name of college or university: _____

City and state: _____

Degree or number of years completed: _____

Major or subject: _____

Grade point average: _____

Name of college or university: _____

City and state: _____

Degree or number of years completed: _____

Major or subject: _____

Grade point average: _____

Name of college or university: _____

City and state: _____

Degree or number of years completed: _____

Major or subject: _____

Grade point average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education: _____

List any professional affiliations to which you belong. (Please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability): _____

Employment

List your current or most recent employment first. Include work-related internships, military, and volunteer work.

Name of employer: _____

City and state: _____

Telephone number: _____

Position/title: _____

Dates of employment: _____ to _____

Annual salary: \$ _____

Reason for leaving: _____

Supervisor's name and title: _____

May we contact your employer? _____

Name of employer: _____

City and state: _____

Telephone number: _____

Position/title: _____

Dates of employment: _____ to _____

Annual salary: \$ _____

Reason for leaving: _____

Supervisor's name and title: _____

May we contact your employer? _____

Name of employer: _____

City and state: _____

Telephone number: _____

Position/title: _____

Dates of employment: _____ to _____

Annual salary: \$ _____

Reason for leaving: _____

Supervisor's name and title: _____

May we contact your employer? _____

Professional References

Name: _____

Title: _____

Company: _____

Telephone: _____

Professional relationship: _____

Name: _____

Title: _____

Company: _____

Telephone: _____

Professional relationship: _____

Name: _____

Title: _____

Company: _____

Telephone: _____

Professional relationship: _____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that TDA Consulting, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from TDA Consulting, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials: _____

All hiring and employment at TDA Consulting, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by TDA Consulting, Inc. has no specific term and may be terminated by the employee or TDA Consulting, Inc. with or without notice. I acknowledge that TDA Consulting, Inc. has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with TDA Consulting, Inc., and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to TDA Consulting, Inc.. I agree to release and hold harmless TDA Consulting, Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with TDA Consulting, Inc. may be terminated.

Signature: _____ Date: _____

Printed Name: _____

Applicant Release

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from TDA Consulting, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Signature: _____ Date: _____

Printed Name: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Name (first, middle, last): _____

Other name(s) you have used: _____ Dates used: _____ to _____

Other name(s) you have used: _____ Dates used: _____ to _____

Sex: ☐ Male ☐ Female

Date of Birth (mm/dd/yy): _____

Social security number: _____

Current drivers license (number and issuing state): _____

Other drivers license (number and issuing state): _____

Other drivers license (number and issuing state): _____

List home addresses for the last seven years, with most recent first.

Street address: _____

City, state, zip code: _____

County: _____ Dates of residency: _____ to _____

Street address: _____

City, state, zip code: _____

County: _____ Dates of residency: _____ to _____

Street address: _____

City, state, zip code: _____

County: _____ Dates of residency: _____ to _____

Street address: _____

City, state, zip code: _____

County: _____ Dates of residency: _____ to _____

Street address: _____

City, state, zip code: _____

County: _____ Dates of residency: _____ to _____

Street address: _____

City, state, zip code: _____

County: _____ Dates of residency: _____ to _____