

Employment Application

Tanis Inc. is an Equal Opportunity Employer

Thank you for your interest in employment with Tanis, Incorporated (Tanis, Inc.). Please fill in all information requested to help us in our screening process and consider candidates for positions that best meet their qualifications and Tanis' needs. (Resumes may be included but do not replace the requirement to complete this form). Incomplete applications will not be considered. Applications are considered active for 90 days. If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to assist.

Name (first, middle, last)				Mobile Telephone			
Address (street, city, state, zip code) Home Te					Home Te	lephone	
Are you legally authorized to work in the U.S.? Yes No (If hired, you will be required to provide proof of work authorization.)					Email Add	dress:	
Are you at least 18 year state/federal minimum ag							
Are there other names used in the second of			d or attended scho	ool? 🗌 Ye	es 🗌 No		
Position Applying For			ing for □ Full -Time	Shift Pre	ference nd ⊡3rd	Hours	S
			e you looking to sta		nu <u></u> sru		
	How did you hear about us? Temp Agency Website Social Media School Other Employee referral Name of employee:						
	, Inc. before?	Yes I	No If yes, when: No If yes, position nis, Inc.? \(\square\) Yes	`			s) &
Have you been convicted of a crime, which has not been removed from your record, or have an arrest with a pending conviction? Yes No If yes, state date, place, and nature of conviction.*							
*Note: A criminal record does not constitute an automatic bar to employment. It will be considered only as it relates to the job for which you are applying.							
Education							
School	Name & Loc stat		Number of Years Attended		subjects	Diplor Degree R	
High						☐ Yes [□ No
College						☐ Yes [□ No
Other (specify)						☐ Yes	□ No



Employment History (star	t with mo	st recent; use separat	e sneet it nec	essary)		
Have you ever been discha	rged or as	sked to resign from any	position? 🔲 \	∕es ☐ No If yes, please	explain.	
Name of Employer:			Job Title:			
Address:			Employment Dates (month and year)			
Telephone:			From:	From: To:		
Name of Immediate Supervisor:			Reason for	Reason for Leaving:		
Description of Duties:						
If currently employed, may	we contac	et as a reference?	∕es □ No			
Name of Employer:			Job Title:			
Address:			Employment Dates (month and year)			
Telephone:			From: To:			
Name of Immediate Supervisor:			Reason for Leaving:			
Description of Duties:						
Name of Employer:			Job Title:			
Address:			Employment Dates (month and year)			
Telephone:			From: To:			
Name of Immediate Supervisor:			Reason for Leaving:			
Description of Duties:						
Turisius Osumus						
Training Courses Please describe the manufa	acturina m	achines and equipment	you have eyn	erience with		
Please describe your comp		·				
List any relevant training pr			<u>190, and omeo</u>	очиринени охрононов.		
Course/Seminar Organization Sponsoring		Content		Date(s) Attended		
					Attorided	
Employment References						
List individuals familiar with	your job o	qualifications (no relative	es or personal	friends).		
Name:		Relationship:		Telephone:		
Title:		How long known?		Email Address:		
Name:		Relationship:		Telephone:		
Title:		How long known?		Email Address:		
Name:		Relationship:		Telephone:		
Title:		How long known?		Email Address:		



Required License(s)						
If position requires, are you willing to t	ravel? 🗌 Yes 🔲 No					
If required to drive a vehicle for the job a, state your: 1) driver's license number 2) state issued						
Are you licensed with any group, association or society relating to the job you are applying for? 🗌 Yes 🔲 No						
Registration or License Number	State Issued	Expiration Date				
ı	Please Read Before Signing T	his Form				
1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.						
2. I authorize Tanis Inc. to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.						
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)						
4. The relationship between you and Tanis Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Tanis Inc. No representative of Tanis Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the Company's President.						
Signed by		Date				
Thank you for your interest in Tanis Inc.						
For HR / Office use only						



Employment History (start with most recent; use separate	sheet if necessary)				
Name of Employer:	Telephone:				
Address:					
Job Title:	Employment Dates (month and year)				
Name of Immediate Supervisor:	From:	To:			
Description of Duties:					
Reason for Leaving:					
If currently employed, may we contact as a reference?	es 🗌 No				
Name of Employer:	Telephone:				
Address:					
Job Title:	Employment Dates (month and year)				
Name of Immediate Supervisor:	From:	To:			
Description of Duties:					
Reason for Leaving:					
Name of Employer:	Telephone:				
Address:					
Job Title:	Employment Dates (month and year)				
Name of Immediate Supervisor:	From:	To:			
Description of Duties:					
Reason for Leaving:					
Name of Employer:	Telephone:				
Address:					
Job Title:	Employment Dates (month and year)				
Name of Immediate Supervisor:	From:	To:			
Description of Duties:					
Reason for Leaving:					