



Application for Employment Terminal Supply Company

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Best Time to Contact _____

Type of work for which you wish to be considered _____

Why do you want to work for Terminal Supply Company? _____

How did you hear about Terminal Supply Company and this opportunity? _____

I certify that the information given by me in this application are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

Education

Schools	Name/Location	Last Yr. Completed	Major Courses	Diploma/Degree
High School				
College				
Business or Trade		Months Attended:		

If you served in the United States Armed Forces, briefly describe the skills you acquired:

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

A conviction does not automatically bar you from employment

Yes No

If yes, include details _____

If you are an experienced operator of any office machines or equipment, please list:

Do you have any specialized skills or training? ~~Yes~~ ~~No~~

If so, please list: _____

Do you have any other skills you wish to mention? _____

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

If hired, when would you be available? _____

What are your salary requirements? _____

References (Please List 3 Professional References)

Name	Occupation	Address	City, State, Zip	Telephone Number

*For additional references, please attach a separate sheet.

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Location	Supervisor
Type of work performed		
Dates Employed From To	Current or most recent salary	
Reason for Leaving		
Employer	Location	Supervisor
Type of work performed		
Dates Employed From To	Current or most recent salary	
Reason for Leaving		
Employer	Location	Supervisor
Type of work performed		
Dates Employed From To	Current or most recent salary	
Reason for Leaving		



THE PREDICTIVE INDEX®
Organization Survey
Checklist

Name: _____ Date: _____

Occupation: _____

DIRECTIONS: Please read the words in the list below and check those that you feel describe **the way you are expected to act by others.**

- | | | |
|--|--|--|
| Helpful <input type="checkbox"/> | Esteemed <input type="checkbox"/> | Calm <input type="checkbox"/> |
| Relaxed <input type="checkbox"/> | Worrying <input type="checkbox"/> | Popular <input type="checkbox"/> |
| Exciting <input type="checkbox"/> | Sentimental <input type="checkbox"/> | Polite <input type="checkbox"/> |
| Assertive <input type="checkbox"/> | Adventurous <input type="checkbox"/> | Dynamic <input type="checkbox"/> |
| Patient <input type="checkbox"/> | Easy going <input type="checkbox"/> | Good-humored <input type="checkbox"/> |
| Conscientious <input type="checkbox"/> | Unassuming <input type="checkbox"/> | Escapist <input type="checkbox"/> |
| Sophisticated <input type="checkbox"/> | Good mixer <input type="checkbox"/> | Generous <input type="checkbox"/> |
| Persistent <input type="checkbox"/> | Agreeable <input type="checkbox"/> | Unobtrusive <input type="checkbox"/> |
| Earnest <input type="checkbox"/> | Well-liked <input type="checkbox"/> | Daring <input type="checkbox"/> |
| Outstanding <input type="checkbox"/> | Docile <input type="checkbox"/> | Tolerant <input type="checkbox"/> |
| Sympathetic <input type="checkbox"/> | Demanding <input type="checkbox"/> | Nice <input type="checkbox"/> |
| Loyal <input type="checkbox"/> | Charitable <input type="checkbox"/> | Compelling <input type="checkbox"/> |
| Self-starter <input type="checkbox"/> | Persuasive <input type="checkbox"/> | Resolute <input type="checkbox"/> |
| Conventional <input type="checkbox"/> | Careful <input type="checkbox"/> | Tranquil <input type="checkbox"/> |
| Eloquent <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Cultured <input type="checkbox"/> |
| Cynical <input type="checkbox"/> | Understanding <input type="checkbox"/> | Dominant <input type="checkbox"/> |
| Passive <input type="checkbox"/> | Spirited <input type="checkbox"/> | Respectful <input type="checkbox"/> |
| Gentle <input type="checkbox"/> | Congenial <input type="checkbox"/> | Nonchalant <input type="checkbox"/> |
| Brave <input type="checkbox"/> | Obedient <input type="checkbox"/> | Flexible <input type="checkbox"/> |
| Appealing <input type="checkbox"/> | Cheerful <input type="checkbox"/> | Attractive <input type="checkbox"/> |
| Thoughtful <input type="checkbox"/> | Obstinate <input type="checkbox"/> | Trusting <input type="checkbox"/> |
| Self-assured <input type="checkbox"/> | Convincing <input type="checkbox"/> | Eager <input type="checkbox"/> |
| Steady <input type="checkbox"/> | Responsive <input type="checkbox"/> | Shy <input type="checkbox"/> |
| Competitive <input type="checkbox"/> | Neighborly <input type="checkbox"/> | Fussy <input type="checkbox"/> |
| Fashionable <input type="checkbox"/> | Selfish <input type="checkbox"/> | Versatile <input type="checkbox"/> |
| Neat <input type="checkbox"/> | Reserved <input type="checkbox"/> | Amiable <input type="checkbox"/> |
| Audacious <input type="checkbox"/> | Serious <input type="checkbox"/> | Diplomatic <input type="checkbox"/> |
| Polished <input type="checkbox"/> | Persevering <input type="checkbox"/> | Self centered <input type="checkbox"/> |
| Fearful <input type="checkbox"/> | | Consistent <input type="checkbox"/> |

Organization Survey Checklist

Name: _____

Start on other side of page.

DIRECTIONS: Continue by reading the words in the list below, now checking those that **you yourself believe really describe you.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Esteemed | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Worrying | <input type="checkbox"/> Popular |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Sentimental | <input type="checkbox"/> Polite |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Dynamic |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Easy going | <input type="checkbox"/> Good-humored |
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| <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Demanding | <input type="checkbox"/> Nice |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Charitable | <input type="checkbox"/> Compelling |
| <input type="checkbox"/> Self-starter | <input type="checkbox"/> Persuasive | <input type="checkbox"/> Resolute |
| <input type="checkbox"/> Conventional | <input type="checkbox"/> Careful | <input type="checkbox"/> Tranquil |
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| <input type="checkbox"/> Neat | <input type="checkbox"/> Reserved | <input type="checkbox"/> Amiable |
| <input type="checkbox"/> Audacious | <input type="checkbox"/> Serious | <input type="checkbox"/> Diplomatic |
| <input type="checkbox"/> Polished | <input type="checkbox"/> Persevering | <input type="checkbox"/> Self centered |
| <input type="checkbox"/> Fearful | | <input type="checkbox"/> Consistent |

TSC'S PRE-EMPLOYMENT INVESTIGATION POLICY

As part of Terminal Supply Company's hiring process, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all prior employers listed on your application and/or resume to verify your prior employment history. It may also include, but is not limited to, credit information reports, criminal history reports, civil claims history reports and driving history records. Under the provisions of the federal Fair Credit Reporting Act, as amended, before TSC can seek such reports, we must have your written consent to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. A summary of your rights under the Fair Credit Reporting Act follows.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision - Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Dept. of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the federal Fair Credit Reporting Act, the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Terminal Supply Company to obtain a consumer report and/or investigative consumer report, which may include the following:

1. My employment records;
2. Records concerning any driving history, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. Verification of my academic and professional credentials; and
4. Information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this Authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this Authorization, as well as Terminal Supply Company from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under the provisions of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided the proper identification.

I hereby authorize Terminal Supply Company to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during such time.

Full Printed Name: _____

Signature: _____

Driver's License #: _____

Social Security #: _____

Date of Birth: _____

Dated: _____