





**Corporate Office**  
 1640 Alta Drive, Suite 12  
 Las Vegas NV 89106  
 Toll Free: 866-669-1897  
 Fax: 866-383-5059

**Personal Information**

Have you ever applied to or worked for TsiCorp before? ..... Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for TsiCorp? ..... Yes  No

If yes, state name(s) and relationship(s) \_\_\_\_\_

\_\_\_\_\_

Why are you applying for work at TsiCorp? \_\_\_\_\_

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes  No

Are you at least 18 years old? ..... Yes  No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes  No

Are you able to perform the essential functions of the job for which you are applying? ..... Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? ..... Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

(Note: Hire may be subject to passing a medical examination and passing skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? ..... Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? ..... Yes  No

If so, may we contact your current employer? ..... Yes  No

\_\_\_\_\_



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**Education, Training and Experience**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Health Care				

Do you speak, write or understand any foreign languages? ..... Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at TsiCorp? If so, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Answer the following questions if you are applying for a professional position:*

Are you licensed/certified or have special clearances for the job applied for? ..... Yes  No

Name of license/certification or special clearances \_\_\_\_\_

Issuing state and/or department \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification or special clearance been revoked or suspended? .. Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
 No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
 (Area Code) Number

Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
 No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
 (Area Code) Number

Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Employment History (continued)\***

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
(Area Code) Number

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
(Area Code) Number

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**\*Note: Attach additional page(s) if necessary.**



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## Military Service

Have you obtained any special skills or abilities as the result of service in the military? ..... Yes  No

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

*List below three persons not related to you who have knowledge of your work performance within the last three years.*

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_  
(Area Code) Number

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_  
(Area Code) Number

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_  
(Area Code) Number



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**Certifications and Authorizations**

*Please Read Carefully, Initial Each Paragraph and Sign Below.*

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

