

**Application Check-list:** 

Copy of Social Security Card

Voter's Registration with TCC (18+)

## TSELANI/COTTONWOOD CHAPTER

## **Employment Application**

APPLICATIO	N		
COMPLETE			
INCOMPLETE			

\_Copy of Driver's License or State ID Card

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and the second s	MAILING ADDRESS	CITY	CITY		ZIP CODE		
	P.O. BOX						
RIVERS LICENSE / ID NUMBER	STATE	EXP. DATE	PHONE / MESS	SAGE NO	).	27 24 5 40	
RE YOU OR PARENTS A REGISTERED \ HE CHAPTER?	OTER OF	YES NO	Tan yarw.		CENSUS NU	JMBER	
other:	Father:					Acres and a second	
RE YOU A VETERAN? YES  overify veteran status, please provide a copy	NO C	7		YES	□ NC		
HAT LANGUAGES DO YOU SPEAK FLU	ENTLY?	READ W	VRITE VRITE	If Yes, please complete an Application for Veterans' Employment Preference  RITE ARE YOU CURRENTLY EMPLOYED?			
					YES 🗀	NO 🗖	
		<b>POSITION INF</b>	ORMATION				
LOSING DATE	POSITION	NTITLE			A STATE OF THE STA		
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## PLEASE PRINT ALL INFORMATION

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, INAME	OCCUPATI	ON	ADDRESS			PHONE NUMBER		
	ADDITION	AL EMPLOY	MENT IN	FORMATION				
HAVE YOU EVER BEEN CONVICTED OF		YES 🗌		F YES, GIVE DATE A	ND REASON.			
	ATTA	ACH ADDITIONAL	SHEET IF N	IECESSARY				
LIST ANY PHYSICAL CONDITION(S) WHIC YOU ARE APPLYING.	CH MAY CHALLENGE	YOUR ABILITY TO	PERFORM	THE RESPONSIBILI	TIES OF THE	JOB FOR WHICH		
Related to anyone in the Chapter? NAME	(S)·				RELATIONS	SHID.		
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IN CASE OF EMERGENCY-CONTACT	NAME:		PHONE	NO:	RELA	ATIONSHIP:		
	(Begin wit	WORK EXP						
EMPLOYER'S NAME AND A		th current or most recent position)  DATES EMPLOYED - MO/YR			JOB TITLE			
			FROM	то				
SUPERVISOR:		BEGINN	SALARY ING	ENDING	, F	REASON FOR LEAVING		
TELEPHONE NUMBER:								
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Name:	Address	•			Phone N	umber:		
PRE-EMPLOYMENT S	TATEMENT - PI	LEASE READ	CARE	FULLY AND SIG	N THE ST	TATEMENT BELOW		
THE INFORMATION THAT I HAVE PROVIDED ANY FACT IN MY APPLICATION, OR A JUSTIFICATION FOR REFUSAL OF EMPLOY AUTHORIZES TSE	NY OTHER MATERIALS U	ISED IN THE APPLIC	ATION PROC M EMPLOYM	ESS, OR INFORMATION ENT WITH THE TSELAN	OFFERED DUR	RING ANY INTERVIEWS, CAN BE D CHAPTER. MY SIGNATURE BELOW		
SIGNATURE	DATE			Έ				
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