



# T-E INCORPORATED

8620 Bluffton Road  
Fort Wayne, IN 46809-3024  
(260) 489-5541

Surveying \* Engineering \* Asphalt \* Utilities \* Site Development

**All prospective employees will be responsible for a pre-employment drug test.**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

### Referral Source

\_\_\_\_\_ Advertisement      \_\_\_\_\_ Walk-in      \_\_\_\_\_ Employment Agency  
\_\_\_\_\_ Friend      \_\_\_\_\_ Relative      \_\_\_\_\_ Other

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone Number \_\_\_\_\_ County of Residence \_\_\_\_\_

Are you at least 18 Years of age (circle one)?      YES      NO

Have you filled out an application or been employed here before?      YES      When? \_\_\_\_\_      NO

Are you employed now?      YES      NO      May we contact your present employer?      YES      NO

Can you submit verification of your legal right to work in the U.S. if hired?      YES      NO

What date would you be available to work? \_\_\_\_\_

Are you available to work (circle the one(s) available):

Full time      Part time      Seasonal      Temporary

Are you on layoff and subject to recall?      YES      NO

Do you have a valid driver's License?      YES      NO

Do you have a valid CDL License?      YES      NO

Can you travel if work requires it?      YES      NO

All applicants are subject to criminal history and BMV background records search.

Have you been convicted of a felony that may appear on a background check?      YES      NO

\*If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.  
 Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer Name	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting		
Reason for Leaving		Ending			

2	Employer Name	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting		
Reason for Leaving		Ending			

3	Employer Name	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting		
Reason for Leaving		Ending			

4	Employer Name	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting		
Reason for Leaving		Ending			

\*\*If you need additional space, please use a separate sheet of paper

## Education

Type of School	Name of School	City/State	Years Completed	Major & Degree
High School				
**If you are not a high school graduate, please note if you are a G.E.D. Recipient				
			Yes	No
Business/ Trade School				
College				

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from education, employment or other experiences

State any additional information that you feel may be helpful to us in considering your application

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.

The undersigned grants permission to T-E to perform a background and BMV check if an offer of employment is made. An employment offer may be revoked if the applicant does not pass the background and/or drug testing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

For Personnel Department Use Only				
Arrange Interview	YES	NO	Drug Test Results Received	_____
Remarks	_____			
Employed	YES	NO	Date of Employment	_____
Job Title	_____		Salary / Hourly Rate	_____
Date of Birth:	_____	DL#	SSN#	_____
By:	_____		Date:	_____
Name & Title				