



Total Molding Services, Inc.

354 East Broad Street
 PO Box 878
 Trumbauersville, PA 18970
 Phone (215) 538-9613
 Fax (215)-538-2519
 Email: info@totalmoldingservices.com
 Web: www.totalmoldingservices.com

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
PA Driver's License number:		Endorsement(s): Hazardous Material <input type="checkbox"/> Passengers <input type="checkbox"/> Tankers <input type="checkbox"/> Tank with Hazardous Materials <input type="checkbox"/> School Bus <input type="checkbox"/> Double/Triple trailers <input type="checkbox"/>	
I am able to work (check ALL applicable) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 st Shift 7a-3p <input type="checkbox"/> Second Shift 3p-11p <input type="checkbox"/> Third Shift 11p-7a <input type="checkbox"/>			
Overtime: YES <input type="checkbox"/> NO <input type="checkbox"/>		Saturday: <input type="checkbox"/>	Sunday <input type="checkbox"/> Split work week? IE: Mon through Wed and Saturday & Sunday YES <input type="checkbox"/> NO <input type="checkbox"/>
If you are under 18, and it is required, can you furnish a work permit?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, please explain
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES (Please list three professional references.)	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()



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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date