

**Section A**

**Employer Information**



**TCI PACKAGING**

To be Completed by Employer

TCI Packaging  
Company Name

3900 France Road Pkwy  
Address (Street)

New Orleans LA 70026  
(City) (State) (Zip Code)

**Section B**

**Candidate Information**

To be Completed by All Applicants

Position/Type of work for which you are applying? \_\_\_\_\_

Salary expected \_\_\_\_\_ When you can start: \_\_\_\_\_

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name (Last) (First) (Middle)

Address \_\_\_\_\_

City State Zip Code

Home Phone Business Phone

Please List any other names you have used (for reference checking purposes)

In case of emergency call \_\_\_\_\_  
Name Phone

Please List any other addresses you have lived at during the past three years.

Date of Birth (required for CDL drivers)

- can you provide proof of age?  Yes  No
- Are you legally authorized to work in the United States?  Yes  No
- Can you provide required proof of eligibility to work?  Yes  No
- Have you previously been employed by this company?  Yes  No

If yes, from \_\_\_\_\_ to \_\_\_\_\_ In what position? \_\_\_\_\_

If you have any relatives working for this company, please list them.

Name Relationship

Have you ever been convicted of a felony?  Yes  No

If so please explain: \_\_\_\_\_

\_\_\_\_\_



**Section D**

**Education and Schooling**

**High School**

Name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

City / State: \_\_\_\_\_ Did you graduate?  Yes  No

Major Course of Study: \_\_\_\_\_

**Trade or Business School**

Name: \_\_\_\_\_ From: \_\_\_\_\_

City / State: \_\_\_\_\_ To: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree \_\_\_\_\_ Did you graduate?  Yes  No

**College**

Name: \_\_\_\_\_ From: \_\_\_\_\_

City / State: \_\_\_\_\_ To: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree \_\_\_\_\_ Did you graduate?  Yes  No

**Section E**

**Additional Skills Training/Experience**

Please indicate any additional training experience you have:

Truck Repair _____	Body Work _____	Inspection _____	Air Conditioning _____
Trailer Repair _____	Electrical _____	Loading/Unloading _____	Brakes _____
Car Repair _____	Lift Truck _____	Shipping/Receiving _____	Safety _____
Tank Repair _____		Tire Service _____	Hazardous Material _____

Please list specific certifications or training you have received:

Please list any additional job related skills or qualifications:

**Section F**

**Military Experience**

Did you serve in the U.S. Armed Forces?  Yes  No

If "Yes", what branch? \_\_\_\_\_

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves?  Yes  No

Are you currently serving in National Guard?  Yes  No

Section G

Employment Experience



TCI PACKAGING

List most recent positions first

Please list the names and addresses of all employers during the preceding three years.

If you are currently employed, may we contact your employer?

Yes checkbox

No checkbox

Company, Address, City, State, Zip Code, Phone #, Name of Supervisor, Starting Pay, Final Pay

Reason for Leaving: PT, FT, Temp checkboxes

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

Yes checkbox

No checkbox

Was your job designated as a safety sensitive function in any Department of Transportation regulated mode and subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes checkbox

No checkbox

Company, Address, City, State, Zip Code, Phone #, Name of Supervisor, Starting Pay, Final Pay

Reason for Leaving: PT, FT, Temp checkboxes

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

Yes checkbox

No checkbox

Was your job designated as a safety sensitive function in any Department of Transportation regulated mode and subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes checkbox

No checkbox

Company, Address, City, State, Zip Code, Phone #, Name of Supervisor, Starting Pay, Final Pay

Reason for Leaving: PT, FT, Temp checkboxes

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

Yes checkbox

No checkbox

Was your job designated as a safety sensitive function in any Department of Transportation regulated mode and subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes checkbox

No checkbox

Section H

Acknowledgements

All Applicants - Please read the following and address any questions to a Human Resource Representative before signing

- I affirm that the information provided on this application...
- I authorize investigation of all statements contained in this application...
- I understand that the applicant's prior employers will be contacted...
- I understand I have a right to review the information provided by my previous employers...
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information...
- I understand that from time to time the company may be asked to submit/release certain information...
- I understand that the company may request, as a condition of any offer of employment...
- I understand that Federal Law prohibits the employment of unauthorized aliens...
- All persons hired must submit satisfactory proof of employment authorization and identity...
- If employed, I agree to abide by the rules and regulations of the company...
- I understand that if I am employed, my employment is for no fixed period...
- I understand this application does not create an offer of employment...
- I understand that this company is an Equal Opportunity Employer...
- This certifies that this application was completed by me, and that all my entries on it and information in it are true and complete to the best of my knowledge.

Signature Of Applicant

Date



# TCI PACKAGING

## AUTHORIZATION FOR EMPLOYMENT BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize TCI Packaging, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that TCI Packaging, LLC may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed