

Application for Employment - Ohio

Tour de Force CRM, Inc. is an equal opportunity employer. We will not discriminate against a qualified disabled individual because of his or her disability. Please exclude all information indicative of color, religion, national origin, race, ancestry, or any other legally protected status. Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered.

(PLEASE PRINT IF HAND WRITING)

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name:	First Name:	Middle Name:
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Address: Number:	Street:	City:	State:	Zip Code:
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Email: _____

Telephone Number(s): _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you eligible to work in the United States? Yes No
 (If you are offered employment, you will be required to provide proof of employment eligibility.)

On what date would you be available for work? / /

Are you available to work: Full Time Part Time

Can you travel if a job requires it? Yes No

Salary Expectation (\$): _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Employment Experience

(Start with your present or last job)

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving:				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving:				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving:				

Additional Information

Other Qualifications (summarize special job-related skills or other experience):

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

Computer Skills (please identify the appropriate level of experience)

	Novice	User	Supported	Developed
Outlook				
Microsoft Office (Word, Excel)				
Microsoft SQL				
Web Conferencing				
VPN, Remote Access				
Web Browsing				

Professional References

1.	()
(Name)	(Telephone # including area code)
(Address)	
2.	()
(Name)	(Telephone # including area code)
(Address)	
3.	()
(Name)	(Telephone # including area code)
(Address)	

Applicant's Statement & Acknowledgment

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING.

I certify that all statements made in this application are true, complete, and correct. If I have left an item blank, it is because there is no information to be provided in response to it. I understand and agree that any falsification or omission on this application for employment (including, without limitation, any statements made in materials accompanying this application form or during any interview, examination, or evaluation) or on any post-employment forms which I may complete, shall be grounds for a decision not to hire me or for my immediate termination, if employed, regardless of the timing or circumstances of the discovery of the falsification or omission.

_____ Initials

I hereby give my consent for any agent or authorized designee of the Company to collect the necessary and appropriate specimen for drug screening to determine the presence of drugs. I hereby authorize designee to disclose the test results to the Company and/or its representatives. I understand that my refusal to submit to the drug test, tampering, the furnishing of false, incomplete or inaccurate information, or the failure to satisfactorily complete the drug test, will preclude further consideration of employment.

_____ Initials

I authorize the Company to investigate the facts contained in this application, and I release the Company and any person, company, or institution that provides the Company with information concerning my background from any liability for doing so.

_____ Initials

I acknowledge that any offer of employment which may be made to me will be contingent upon: satisfactory completion of pre-employment drug screening; satisfactory completion of background verification; eligibility for employment under the Immigration Reform and Control Act of 1986, as amended from time to time; and the results of a post-offer medical examination, if required by the Company.

_____ Initials

I acknowledge that I have no agreement with a third party or former employer in place that would limit, in any way, the job duties of the position for which I am hired.

_____ Initials

I understand that this application or subsequent employment does not create a contract for employment nor guarantee employment for any definite period of time. I understand that if employed, my employment is to be "at will" and that either the Company or I may terminate my employment at any time, with or without cause or notice. I understand that this "at will" employment relationship may not be changed by any written document or by any verbal statement(s) or other conduct unless the change to the "at will" relationship is specifically acknowledged by a written agreement signed by the President and the Director of Accounting/HR.

_____ Initials

I understand that the Company prohibits employees from smoking and that any offer of employment which may be made to me will be contingent upon satisfactory completion of screening for the presence of nicotine. I acknowledge that if I am employed, the Company's acquisition of reliable information that I smoke shall be just cause to terminate my employment.

_____ Initials

In exchange for the Company considering my application for employment, and except as prohibited by law, I knowingly agree and understand that I must file any and all claims and/or lawsuits which arise out of or pertain in any way to my application for employment, employment, or termination of employment, within six (6) months of the event giving rise to or that is the subject of the claim or lawsuit. I understand that the applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**. I understand that this waiver includes, but is not limited to, waiver of statutes of limitation that apply to state or federal civil rights statutes. Should a Court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the Court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

_____ Initials

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT AND ACKNOWLEDGMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT AND ACKNOWLEDGEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

Applicant Signature

Date