

# The Tobacco Company Cigars - APPLICATION FOR EMPLOYMENT

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Date: \_\_\_\_\_

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

Present Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Are you over 21: Yes / No

Driver's License number:

\_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Days/Hours Available to Work:**

No Preference \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Employment Desired:**

Full Time Only \_\_\_\_\_ Part Time Only \_\_\_\_\_ Full or Part Time \_\_\_\_\_

When are you available to start? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR OR DEGREE
High School				
College				
Business or Trade School				
Professional School				

**Have you ever been convicted of a crime?**    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and types of rehabilitation.

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*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that effect the description of the event and the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.*

**Please list two references other than relatives or previous employers.**

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

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

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.


**WORK EXPERIENCE:** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

**Military:**

Have you been a member of the Armed Services? : Yes / No

If yes, what branch of the military did you enlist? : \_\_\_\_\_

What was your military rank when discharged? : \_\_\_\_\_

How many years did you serve in the military? : \_\_\_\_\_

What military skills do you possess that would be an asset for this position?


Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_

Pay/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_ Last Job Title \_\_\_\_\_

Reason for Leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_

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Pay/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_ Last Job Title \_\_\_\_\_

Reason for Leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_

Pay/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_ Last Job Title \_\_\_\_\_

Reason for Leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer: Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICANT'S AGREEMENT AND WAIVER (please read carefully)**

In exchange for the consideration of my job application by The Tobacco Company Cigars Inc. (hereinafter called "the Company"). I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company or to change the employment-at-will relationship between us. Only the Company president or general manager has the authority to change the terms and conditions of employment by a document signed by him or her. Employment with Company is "at will" meaning either the Company or I may end the employment relationship at any time, without notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I release the Company and my former employers and their agents, employees and officers for the report of any information that arises as a result of this authorization, and waive any and all claims I may have arising from this application, the statements made and information obtained in the application process.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigate consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that tasks and schedules vary and are subject to change based on business needs, and that I am not guaranteed a schedule. The Company also maintains other policies and procedures in its Handbook, which will be supplied to me if and when I am hired.

I hereby certify that the information that I have provided in this application is true and correct.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application form and for your interest in our company.