



8500 NEW SAPULPA ROAD
TULSA, OK 74131
DIRECT: 918-747-7447 FAX: 918-749-5080
www.tekfins.com

Tek-Fins is an equal opportunity employer. All qualified applicants are considered without regard to race, color, religion, sex, national origin, age, veteran status or disability.

Please Print Clearly

Date of Application _____

Position Applied For _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (P.O. Box)

(City) (State) (Zip Code)

Phone _____ **Email** _____

Are you legally eligible for employment in the United States of America? YES NO
U.S. Law requires all applicants to show proof of identity and right to work in the U.S.

Have you filed an application at TEK-FINS, INC. before? YES NO Date _____

Were you previously employed by TEK-FINS, INC.? YES NO Date _____

Are you available to work: FULL TIME PART TIME
DAY SHIFT NIGHT SHIFT

Have you ever been discharged from employment or subject to disciplinary action at work?
YES NO

If yes, please explain _____

Have you been convicted of a felony within the last seven years? YES NO

If yes, please explain _____

You may attach a resume which includes the following information, instead of completing the sections below. Any information on the resume will be considered part of the application and will be subject to verification.

Work Experience

List all jobs held, starting with the most recent

1) Employer _____ Supervisor's Name _____

Address _____ Phone _____

Dates of Employment _____ Job Title _____

Reasons for leaving or wanting to leave: _____

Ending rate of pay _____ May we contact? YES NO

2) Employer _____ Supervisor's Name _____

Address _____ Phone _____

Dates of Employment _____ Job Title _____

Reasons for leaving or wanting to leave: _____

Ending rate of pay _____ May we contact? YES NO

(Continue on another sheet, as needed)

List special skills or qualifications that you have which should be considered:

Education

Indicate the highest grade of education or degree achieved, and list any other training which you think will be relevant to the job for which you are applying.

Highest grade or degree _____ Name of School _____

Other training

References

List name, address and phone number of 3 persons who are familiar with your work ability.

1) Name _____ Phone _____

Address _____

2) Name _____ Phone _____

Address _____

3) Name _____ Phone _____

Address _____

Please read and sign below:

I verify that the above information is correct and complete to the best of my knowledge and belief. To determine my qualifications for employment, I authorize TEK-FINS, INC. to verify any of the information I have submitted in this application and to request information from previous employers as noted and from references herein provided. I understand that any false or misleading information furnished by me on the application form or in connection with my application for employment or omission of material fact may result in rejection of the application, or if employed by TEK-FINS, INC., in the termination of employment.

Signature of Applicant

Date