



610 10 St NW
 Washington DC 20001
 Phone: (202) 234-7775
www.tagbgroup.com
 Info@tagbgroup.com

TAGB Group Employment Application Form

Please complete this form in black or blue ink **legibly** to be considered for the desired position.

GENERAL:

POSITION APPLYING FOR: _____

TODAY'S DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME, FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____
Street number, street name, apt. number, city, state and zip code

PHONE NUMBER: _____ ARE YOU 18 YEARS OR OLDER: Yes: _____ No: _____

Email Address: _____

Do you Drive Automatic Vehicles? Yes: _____ No: _____

Do you Drive Stick Shift Vehicles? Yes: _____ No: _____

Are you Eligible to work in the United States: Yes: _____ No: _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes: _____ No: _____ If Yes: Please Explain: _____

DAYS/HOURS AVAILABLE:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mark X if Available							
Write hours you are available							

Date you can start working for TAG B: _____



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EDUCATION:

	Name and Location of School	# of years attended	Did you Graduate	Subjects studied
High School				
College/ University				
Additional College/ University				
Trade, Business or Correspondence School				

2 REFERENCES:

NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

RELATION: _____

NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

RELATION: _____



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_____ I certify that the information contained in this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

_____ I understand that as a condition of employment I must submit a current original copy of the status of my Vehicle Operator's License (not older than thirty (30) days).

_____ I understand that I must comply with the requirements of the Form I-9 of the United States Government.

_____ In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice at any time at either my or the company's option.

_____ I authorize the verification of any or all information listed above.

*Please note that upon hiring you will be required to provide a copy of your US driver's license and a secondary identification that proves you are eligible to work in the US. Secondary Identifications such as passports, social security cards, permanent resident cards and Employment Authorization cards are accepted.

DATE: _____ SIGNATURE: _____

In Case of Emergency Please Contact: _____
Name of emergency contact and contact phone number

DO NOT WRITE BELOW- FOR EMPLOYER USE ONLY

Interviewed By: _____ Date: _____

Remarks: _____

Hired: Yes: ____ No: ____ Position: _____

Dept.: _____

Salary/Wage: _____ Date Reporting to Work: _____

Employment Approved By: _____