

# ***THERMAL OPERATING COMPANY, LLC.***



**T H E R M A L**

## ***EMPLOYMENT APPLICATION***

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

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

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

### **IMPORTANT NOTICE**

This is a very important document. You should be very careful as you complete this document. Answer each item accurately and completely. Failure to do so may result in you not being considered for the position or in your termination if inaccurate or omitted information is discovered after your employment has begun.



## Attention Thermal Operating Company Applicants:

Thermal Operating Company applicants being considered for a position will be subject to a non-evasive hair follicle drug test processed by Psychemedics Corporation.

### Words of Caution

#### ***DRUG USERS NEED NOT APPLY***

Anyone who is abusing drugs and being required to take the Psychemedics hair test should clearly understand the following:

- Abstaining from drug use for several days is not going to work with Psychemedics' test. On average, Psychemedics can detect usage several months back and detect drug usage 5 to 10 times more effectively than urinalysis.
- Unlike other less effective hair tests, Psychemedics' hair test can detect marijuana users at a higher rate than urinalysis. Psychemedics spent many years of research to develop technology that allows them to detect marijuana users 4 to 7 times more frequently than urinalysis.
- Shaving your head hair will not prevent you from submitting a sample. We are not limited to just head hair and can test body hair samples.
- Claiming your hair was contaminated by someone else's drug is not a valid excuse. Psychemedics has the most extensive wash process in the industry to account for any external contamination. This has been proven not only in independent studies, but upheld in 20 years of court cases.

If you are currently abusing drugs we suggest you either not apply or preferably get help to get off drugs.

For more information regarding Psychemedics Corporation, please visit: <http://www.psychemedics.com/>



THERMAL

# THERMAL OPERATING COMPANY - APPLICATION FOR

## EMPLOYMENT

1983 W. 190<sup>th</sup> Street, Suite 100, Torrance CA, 90504

Rev 06.08.2018

REFERRED BY:	HOW DO YOU KNOW THE PERSON WHO REFERRED YOU:
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POSITION APPLIED FOR	TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERN <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	DATE
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NAME OF APPLICANT - LAST NAME	FIRST NAME	MIDDLE INITIAL(S)
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HOME ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

MAILING ADDRESS *IF DIFFERENT FROM HOME ADDRESS* (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

HOME TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER	E-MAIL ADDRESS
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HIGH SCHOOL NAME AND LOCATION (FOR GENERAL EDUCATION DEVELOPMENT (GED) LIST CITY/STATE OF AWARD)	HIGHEST GRADE COMPLETED SUCCESSFULLY  <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO  DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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UNIVERSITY/COMMUNITY COLLEGE ATTENDED AND LOCATION	YEARS COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> other _____	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE(S), MAJOR, CERTS. EARNED
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UNIVERSITY/COMMUNITY COLLEGE ATTENDED AND LOCATION	YEARS COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> other _____	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE(S), MAJOR, CERTS. EARNED
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**FIRST NAME:** MAJOR SUBJECTS OF SPECIALIZATION

OTHER EDUCATIONAL TRAINING, COURSES, PROFESSIONAL DESIGNATIONS	YEARS COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE(S), MAJOR, CERTS. EARNED
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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**EMPLOYMENT HISTORY (ACCOUNT FOR ALL PERIODS OF MILITARY SERVICE AND UNEMPLOYMENT)**

LIST ALL JOBS HELD DURING THE PAST TEN YEARS; BEGIN WITH THE MOST RECENT. ALL INFORMATION IS SUBJECT TO VERIFICATION

<b>EMPLOYED BY</b>			<b>DATES (MO/YR)</b>		
COMPANY			FROM		<b>JOB TITLES AND DUTIES</b>
ADDRESS STREET CITY			TO		
STATE	ZIP CODE	SUPERVISOR	TOTAL MONTHS/YEARS		REASON FOR TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE EXPLAIN:
COMPANY			FROM		<b>JOB TITLES AND DUTIES</b>
ADDRESS STREET CITY			TO		
STATE	ZIP CODE	SUPERVISOR	TOTAL MONTHS/YEARS		REASON FOR TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE EXPLAIN:
COMPANY			FROM		<b>JOB TITLES AND DUTIES</b>
ADDRESS STREET CITY			TO		
STATE	ZIP CODE	SUPERVISOR	TOTAL MONTHS/YEARS		REASON FOR TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE EXPLAIN:
COMPANY			FROM		<b>JOB TITLES AND DUTIES</b>
ADDRESS STREET CITY			TO		
STATE	ZIP CODE	SUPERVISOR	TOTAL MONTHS/YEARS		REASON FOR TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE EXPLAIN:

**THERMAL OPERATING COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER U.S. CITIZENSHIP MAY BE REQUIRED**

LIST THREE WORK-RELATED REFERENCES (DO NOT INCLUDE RELATIVES) MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
FULL NAME	COMPLETE ADDRESS	HOME PHONE	WORK PHONE	OCCUPATION AND EMPLOYER	YEARS KNOWN

LIST RELATIVES AND ACQUAINTANCES EMPLOYED AT THERMAL OPERATING COMPANY					
FULL NAME	WHERE EMPLOYED?	HOME PHONE	WORK PHONE	RELATIONSHIP	YEARS KNOWN

HAVE YOU EVER BEEN EMPLOYED BY THERMAL OPERATING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EMPLOYEE NUMBER(S)	IF YES, WHAT COMPANY ELEMENT?	LIST OTHER NAMES USED
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ARE YOU WILLING TO WORK ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO", CAN YOU PROVIDE PROOF THAT YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BRANCH OF MILITARY SERVICE	DATES OF SERVICE FROM: TO:	HIGHEST RANK HELD	DO YOU HAVE PAST GOVERNMENT SERVICE IN:  <input type="checkbox"/> DOD <input type="checkbox"/> NASA	GS RATING
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AVAILABLE START DATE:	AVAILABLE TO WORK (yes / no): ANY SHIFT*? _____ WEEKENDS? _____ WEEKDAYS? _____ HOLIDAYS? _____ OVERTIME? _____ If you said "NO" for any of these options, please specify your availability: _____
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*\*The Thermal Club is a dynamic environment; hours and schedules will vary based on seasonality and events. Hours of operation may begin as early as 5:00 am and end as late as 11:00 pm.*

ARE REASONABLE ACCOMMODATIONS NEEDED IN ORDER TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?  
( ) NO ( ) YES (if yes, please list): \_\_\_\_\_

Because of the nature of the work performed at Thermal Operating Company and the company's concern for the quality of our work performed, the health and safety of our employees, it is the policy of Thermal Operating Company to not hire persons who use illegal drugs. For this reason the company's pre - employment, includes a test for the presence of illegal substances and background check is requires successful completion which is a condition of employment.

As a condition of employment with Thermal Operating Company you are responsible to adhere to the honesty and integrity of the company. I certify that to the best of my knowledge and belief the foregoing information is complete and accurate. I understand that if any of the above information is incorrect or false it may be sufficient cause for immediate termination. I also understand that this application for employment does not constitute a contract of employment and representations about employment contrary to what is contained in this application.

I also hereby authorize the Company to make any investigation of my criminal, DMV, Financial and Credit history through any investigative or credit agencies of their choice. I understand and agree that from time to time my personal property may be subject to inspection by the Company. ***I also understand and agree to the policy of the Company that all employees who do not have a separate, individual, written employment contract with the Company are employed "at will" for an indefinite period.*** Employees may resign from the Company at any time, for any reason, and may be terminated by the Company at any time, for any reason, with or without notice. I understand that Thermal Operating Company is an " At Will" employer I understand that the Company is committed to a drug free workplace and if employed, my employment will be contingent on successfully completing an evasion proof hair analysis test for illegal drugs. I also acknowledge that the Company may require such testing as a condition of promotion and/or continued employment, and **I agree to abide by all Company requirements concerning alcohol or drug testing and/or use.**

I authorize the companies, schools or persons listed in this application to give any information regarding my previous employment and education, together with any pertinent information they may have, personal or otherwise. I release all companies; schools or parties from any liability for any damage for providing this information they may have, personal or otherwise. I understand that employment is contingent on receipt of satisfactory evidence of identity and legal eligibility to work in the United States.

PRINT NAME	SIGNATURE OF APPLICANT	DATE

Request a copy of my credit report