



TOOL PROGRAM APPLICATION

Date: _____

Employee Name: _____
Last First Middle Initial

Address: _____
Street City, State Zip

Employer Name: _____

Tool Package Amount: \$_____ (maximum reimbursement \$500; receipt required to be submitted)

Employee agrees to work for Employer for 1 year or return the tools provided in the tool package upon termination of employment. If an employee is terminated and fails to return the tools, the Employee agrees to reimburse the Employer for the tools.

Employee

Date

EMPLOYER

Name of Employer

Supervisor Signature

Date