



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION			
NAME (LAST, FIRST, MIDDLE)	PRIMARY PHONE ()	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE
Have you ever been employed or attended school under another name? If YES, please provide other name(s).			<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide evidence of your identity and eligibility to work in this country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you have a reliable means of transportation to and from work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If required for this position, do you have a valid driver's license? If YES, please provide the <i>state of issuance</i> , the <i>license number</i> , and the <i>expiration date</i> .			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>State of Issuance</i>	<i>License Number</i>	<i>Expiration Date</i>	

POSITION INFORMATION		
POSITION DESIRED	DATE AVAILABLE TO BEGIN WORK	SALARY DESIRED
EMPLOYMENT DESIRED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Special Project (seasonal work or other) If you are applying for part-time or special project work, please describe your availability:		
Have you ever applied to this organization before? If YES, when?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the position for which you are applying with or without a reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be available to work overtime if necessary?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION					
	Name of School	City/State	Dates (Month/Year)	Level Completed	Degree/Diploma/Certification
High School				9 10 11 12	
College				1 2 3 4	
College				1 2 3 4	
Vocational Training					

SKILLS

Please check any boxes corresponding to skills you possess:

Typing, WPM: _____

Telecommunications System*

*Name the specific software/equipment used:

10-key by Touch / Sight (circle)

Word Processing*

Computer*

Spreadsheet*

Bilingual in Speaking / Reading / Writing (circle): _____

Other: _____

Do you have any other expertise, training, qualifications, accomplishments, or skills which you feel make you especially suited for the position? If so, please explain.

FORMER EMPLOYERS

List below your employment history for the past 10 years, or your last three employers (whichever is greater), starting with your most recent position. You may attach an extra sheet of paper if more room is needed.

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	DATES OF EMPLOYMENT (MM/YY) Fr: To:
JOB TITLE	FIRST AND LAST NAME OF IMMEDIATE SUPERVISOR	
DESCRIBE YOUR JOB DUTIES	DESCRIBE YOUR REASON FOR LEAVING	

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	DATES OF EMPLOYMENT (MM/YY) Fr: To:
JOB TITLE	FIRST AND LAST NAME OF IMMEDIATE SUPERVISOR	
DESCRIBE YOUR JOB DUTIES	DESCRIBE YOUR REASON FOR LEAVING	

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	DATES OF EMPLOYMENT (MM/YY) Fr: To:
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DESCRIBE YOUR JOB DUTIES	DESCRIBE YOUR REASON FOR LEAVING	

Have you ever been terminated from employment for a reason other than a layoff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have relatives employed by Technicon or an affiliated company? If YES, what are their names and relationship to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCES			
Please list three <i>professional</i> references (exclude relatives) who have a knowledge of your work performance.			
Name	Phone No.	Occupation	Years Acquainted

PLEASE READ AND SIGN BELOW. Applications that have not been signed will be considered incomplete and will not be accepted.

I certify that all information submitted on this application is true and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any falsification, omission, or misrepresentation of material facts may constitute grounds for rejection of this application or immediate dismissal from employment, if hired, regardless of the time elapsed before discovery of the omission or misstatement.

I authorize Technicon to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to Technicon any and all records and information related to my work, and release the company, my former employers and all other persons or entities from any and all liability for issuing, receiving or using such information.

I agree that if employed, I will abide by Technicon's policies and procedures. Upon termination, I authorize the release of reference information regarding my work while employed at Technicon and release all employees, agents and representatives from any and all claims I may have as a result of such disclosure.

I understand that nothing contained in this application or conveyed during any interview, which may be granted, is intended to create a contract of employment. I understand that employment at Technicon is at-will, for no definite period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company. Agreements contrary to this policy may only be made in writing, signed by me and two of the company's directors.

Applicant's Signature: _____

Date _____