

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: _____

Full Legal Name: _____ Preferred First Name: _____

Referred to TEPCON by? _____

Address: _____

Best Number to Reach You: _____ Cell Home Best Time to Reach You: AM PM

Are you 18 years of age or older? Yes No Are you authorized to work in the U.S. (e-Verify)? Yes No

Have you ever worked or attended school under another name? Yes No If so, under what name(s)? _____

POSITION DESIRED

Position: _____ Start date available: _____

Desired Wage: \$ _____ Hourly Monthly Annually

Are you able to work: Weekdays Weekends Nights Overtime Full-time

If you cannot work any of the above, please explain: _____

How did you learn about this position? _____

Are you presently employed? Yes No If YES, why are you considering leaving? _____

EDUCATION

| | | |
|---|--|------------------|
| High School: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Technical School: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| College/University: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| Post-Graduate Education: | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Course of Study: |
| Other education, training, certification or special skills: | | |

SKILLS

Are you experienced in using personal computers? Yes No PC Mac

Are you able to use any software programs that may be required for the position? [e.g., Microsoft Word or Excel].

What other programs are you capable of using? _____

What, if any, specific trades do you have experience and how many years? _____

WORK EXPERIENCE

| | | | |
|--|----|----------------|---|
| Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper. | | | |
| Employer: | | Address: | |
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties: | | | |
| Employer: | | Address: | |
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties: | | | |
| Employer: | | Address: | |
| From | To | Position Held: | Reason for Leaving: |
| Supervisor's Name & Title: | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Duties: | | | |

REFERENCES

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date