



## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Any omission of information, or falsification on the employee application or background forms, will lead to denial of employment and/or immediate termination.

Technology Conservation Group, Inc. uses E-Verify as part of the I-9 process to verify the work eligibility of all new hires. E-Verify is an Internet-based system that compares information from an employee's Form I-9 to data from U.S Department of Homeland Security and Social Security Administration records.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

In the last 7 years, have you ever worked under a different name?  Yes  No

If yes, please state name(s): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Phone Business Phone Cell Phone

Email Address \_\_\_\_\_

Date available to start work: \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired  Full time  Part time  Temporary

Times available to work  First shift (7am-5pm)  Second shift (3pm-9pm)  Third shift (10pm-7am)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Can you travel if required?  Yes  No

Do you have objections to working overtime?  Yes  No

Have you been previously employed by our company?  Yes  No

If you are under 18, can you furnish a work permit if it is required?  Yes  No

Drivers license number (if driving is an essential job duty): \_\_\_\_\_



Please review this section carefully before you attempt to answer the question below. If you have questions or do not understand the terms, please get clarification from the Human Resources representative before answering. This question refers to misdemeanors as well as felonies. A conviction or a plea of guilty does not automatically exclude an applicant from being considered for employment. **The type of conviction or guilty plea does not automatically exclude an applicant from being considered for employment. The type of conviction or guilty plea and dates, as well as other factors, will be considered.**

In the past ten (10) years, have you been convicted, fined, placed on probation, had adjudication withheld, pled no contest (nolo contendere) or guilty, had judgment or prosecution deferred under a First Offenders Statute, or entered into a Pre-Trial Diversion or other deferred prosecution program, for any crimes, whether misdemeanor or felony? This includes, but is not limited to, theft, writing bad checks, drug related charges, assault related charges, driving under the influence or while intoxicated (DUI or DWI), or driving with a suspended or revoked license. This is not intended to include minor traffic violations such as speeding, improper equipment, reckless driving or other minor driving infractions.

Yes       No

If you answered yes, please provide details or charges, dates and outcome of the case in the space below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

Please provide all employment information for the past seven (7) years starting with the most recent. Continue employment history information on back of application, if needed.

Mo/Yr / Mo/Yr

From / To	Employer Name	Position Held
Address	City	State
		Telephone Number
Immediate supervisor	Title	Reason for leaving

Job Summary

If current employer, may we contact?  Yes  No

Mo/Yr / Mo/Yr

From / To	Employer Name	Position Held
Address	City	State
		Telephone Number
Immediate supervisor	Title	Reason for leaving

Job Summary



Mo/Yr / Mo/Yr

From / To      Employer Name      Position Held

Address      City      State      Telephone Number

Immediate supervisor      Title      Reason for leaving

Job Summary

Mo/Yr / Mo/Yr

From / To      Employer Name      Position Held

Address      City      State      Telephone Number

Immediate supervisor      Title      Reason for leaving

Job Summary

**Educational History**

**High School**      Location      Years Completed

Course of Study      Degrees Earned

**College**      Location      Years Completed

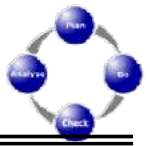
Course of Study      Degrees Earned

**Technical Training**      Location      Years Completed

Course of Study      Degrees Earned

**Other**      Location      Years Completed

Course of Study      Degrees Earned



**Personal References**

List 3 references; include name, telephone numbers and years known. (Do not include relatives or employers)

_____	(_____) _____	_____
Name	Telephone Number	Years Known
_____	(_____) _____	_____
Name	Telephone Number	Years Known
_____	(_____) _____	_____
Name	Telephone Number	Years Known

**Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application as well as criminal background information from all previous employers, educational institutions, law enforcement agencies, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there this no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date