



AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION

Please Print

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
(if different from present) Street City State Zip Code

Home Phone Number: (____) _____ Business Telephone Number: (____) _____

EMPLOYMENT DESIRED

Position applying for: _____ Referred by: _____

Are you applying for:
Regular full time work?.....Yes No Regular part-time work?..... Yes No
Temporary work, e.g. summer or holiday work?..... Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? _____

Are you available for work on weekends? Yes No Are you available to work overtime, if necessary? Yes No

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

If hired on what date could you start work? _____ Salary desired: _____

PERSONAL INFORMATION

Have you ever applied to this company before? Yes No if yes, when/where? _____

Do you have friends or relatives working for Techmaster Electronics, Inc.?.....Yes No

If yes, state name and relationship? _____

If hired, can you present evidence of your US citizenship or proof of your legal right to work in this country? Yes No

Are you able to perform the essential functions of the job you are applying?.....Yes No

If no, describe the functions that cannot be performed.

Are you able to perform all other duties of the job for which you are applying?.....Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions.)

EDUCATION

	NAME & LOCATION OF SCHOOL	GRADUATED		MAJOR SUBJECTS	AVERAGE GRADES
		YES	NO		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE/ UNIVERSITY					
VOCATIONAL/ BUSINESS					

FORMER EMPLOYERS

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (Give the names of three persons not related to you whom you have known at least one

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED

I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for, is cause for dismissal. Further, I understand and agree that my employment is for no definite time period and may, regardless of the date of payment of my wages and salary, be terminated at any time with out prior notice.

Signature

Date