

TECHLAB, Inc.
APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION:

DATE: _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Social Security Number (optional) : _____

Have you ever applied here before? Y N If yes, when? _____

Were you employed here? Y N If yes, when? _____

Telephone Number: _____ **Email Address:** _____

Position Sought: _____ **Office:** BBG RAD

Type of Employment: FT PT **Days Available:** M T W TH F Sa Su

Hours/Shifts Available: _____

Desired Wage : _____ **How did you hear about this position?:** _____

Date Available to Work: _____ **Will you work overtime if asked?** Y N

Will you travel, if required? Y N **Legally eligible for employment in the US?** Y N

If you are under 18 years of age, can you provide required proof of your eligibility to work ? Y N

Are you prevented from lawfully becoming employed in this country because of visa or immigration status ? Y N

EMPLOYMENT EXPERIENCE:

Present or Most Recent Position: _____

Company Name: _____

Company Address: _____

Dates Employed: _____

Supervisor's Name: _____ **Phone Number:** _____

May we contact your present employer? Y N

Describe your primary duties: _____

Reason for Leaving: _____

Prior Position #1: _____

Company Name: _____

Company Address: _____

Dates Employed: _____

Supervisor's Name: _____ Phone Number: _____

May we contact your prior employer? Y N

Describe your primary duties: _____

Reason for Leaving: _____

Prior Position #2: _____

Company Name: _____

Company Address: _____

Dates Employed: _____

Supervisor's Name: _____ Phone Number: _____

May we contact your prior employer? Y N

Describe your primary duties: _____

Reason for Leaving: _____

Prior Position #3: _____

Company Name: _____

Company Address: _____

Dates Employed: _____

Supervisor's Name: _____ Phone Number: _____

May we contact your prior employer? Y N

Describe your primary duties: _____

Reason for Leaving: _____

MILITARY EXPERIENCE:

Have you had any Military experience? Y N If so, what branch? _____

Rank upon discharge: _____

Describe any training relevant to position for which you are applying: _____

EDUCATION:

High School Name: _____ GPA: _____

City: _____ State: _____ Years Completed: _____

Graduated: Y N Course of study: _____

Undergraduate College Name: _____ GPA: _____

City: _____ State: _____ Years Completed: _____

Graduated: Y N Course of study: _____

Graduate College Name: _____ GPA: _____

City: _____ State: _____ Years Completed: _____

Graduated: Y N Course of study: _____

Concentration: _____

Professional, Technical or other training relative to the type of employment sought: _____

Leadership experience or significant activities which illustrate your initiative: _____

Memberships in Professional or Civic Organizations: (You may exclude membership which reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status.) _____

Specialized Skills:

Adobe Photoshop MS Word MS Excel MS PowerPoint Adobe Illustrator

Other: _____

Current Professional Licenses or Certifications: _____

PROFESSIONAL REFERENCES:

Reference #1

Name: _____
Address: _____
Phone: _____
Type: _____
Relationship: _____

Reference #2

Name: _____
Address: _____
Phone: _____
Type: _____
Relationship: _____

Reference #3

Name: _____
Address: _____
Phone: _____
Type: _____
Relationship: _____

Have you worked or attended school under any other name(s)? Y N
If yes, give names: _____

Are you presently employed? Y N
If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Y N
If yes, please explain: _____

TECHLAB is an Equal Employment Opportunity Employer

All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature.

I understand that the employer may request an investigative report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I also understand that the outcome of this review will be a factor in the employment decision. I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current or past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post employment drug screen as a condition of employment, if required.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Applicant's Signature (type full name if filled electronically)