

We consider applicants for all positions without regard to race, color, religion, creed, gender national origin, age, disability, marital or veteran status, or any other legally protected status. Equal Opportunity Employer, M/F/D/V

**PLEASE PRINT**

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?

Monster    Inquiry    2T Website    Employment Agency    Relative    Other \_\_\_\_\_

Last Name	First Name	Middle name
Address Number	Street	City
		State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

Best time to contact you at home is..... \_\_\_\_\_:\_\_\_\_\_AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes    No

Have you been convicted of a felony? If yes, explain, giving the nature of the offense, place and disposition. Two Technologies will consider the age and nature of the offense, as well as any other relevant information. ....  Yes    No

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Have you ever filed an application with us before.....  Yes    No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? .....  Yes    No  
If yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than your Spouse, work here? .....  Yes    No

Are you currently employed? .....  Yes    No

May we contact your present employer? .....  Yes    No

Are you able to perform with or without reasonable accommodation, all of the functions of the job for which you are applying? .....  Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status (*Proof of citizenship or immigration status will be required upon employment*) .....  Yes    No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_   What is your desired salary range? \_\_\_\_\_

Are you available for work:    Full-Time    (please indicate 1 2 3 shift)  
 Part-Time    (please indicate Mornings Afternoon Evenings)  
 Temporary    (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes    No

Can you travel if a job requires it? .....  Yes    No

# EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer <b>1</b>	<b>Dates Employed</b> From ___/___/___ - ___/___/___	
	<b>Hourly Rate/Salary</b> Starting: _____ Final _____	
Address	<b>Work Performed:</b>	
Telephone Numbers		
Job Title		
Reason for Leaving	Supervisor	
Employer <b>2</b>	<b>Dates Employed</b> From ___/___/___ - ___/___/___	
	<b>Hourly Rate/Salary</b> Starting: _____ Final _____	
Address	<b>Work Performed:</b>	
Telephone Numbers		
Job Title		
Reason for Leaving	Supervisor	
Employer <b>3</b>	<b>Dates Employed</b> From ___/___/___ - ___/___/___	
	<b>Hourly Rate/Salary</b> Starting: _____ Final _____	
Address	<b>Work Performed:</b>	
Telephone Numbers		
Job Title		
Reason for Leaving	Supervisor	
Employer <b>4</b>	<b>Dates Employed</b> From ___/___/___ - ___/___/___	
	<b>Hourly Rate/Salary</b> Starting: _____ Final _____	
Address	<b>Work Performed:</b>	
Telephone Numbers		
Job Title		
Reason for Leaving	Supervisor	

Describe any specialized training, apprenticeship, skills and extra curricular activities.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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State any additional information you feel may be helpful to us in considering your application.

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## Applications Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization.

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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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## For Human Resources Department Use Only

Arrange Interview:  YES  NO

Remarks

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Interviewer: \_\_\_\_\_ Date \_\_\_\_\_

Employed:  YES  NO Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title

