



APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Date Available			How were you referred to us?			Desired Salary				
Position Applied for										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked tekRESCUE?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					

EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

- Please attach a separate sheet if you need more space.

ARE YOU APPLYING FOR

Temporary Work (summer/holiday)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What days and hours are you available for work?		
Regular Part-Time Work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If hired, on what date can you start working?		
Regular Full-time Work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If applying for temporary work, what dates are you available?		
Can you work on weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	To	From	
Can you work evenings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PERSONAL INFORMATION

Have you ever applied to/worked for tekRESCUE before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain (include date):		
Do you have any friends, relatives or acquaintances working for tekRESCUE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state name and relationship:		
If hired, would you have reliable transportation to/from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If hired, would you be able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If hired, are you willing to submit to and pass a controlled substance test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, describe the functions that cannot be performed:		
(Note: tekRESCUE complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case.		
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		
Skills and Related Duties:		

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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