

A Division of



Employment Application Form

This company is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Interbay Technologies: A Division of Technicom Services, Inc. Employment Application Form

PERSONAL				
Last Name:	First:	Initial:	Other Name(s) Used:	
Address:			Cell Phone Number:	
City:			Home Telephone Number:	
Position Applied For:			Salary Desired:	
•			? Date Available to Start:	
Have you ever interviewed or bee	n employed with the Compa	ny or its affiliates before	ore? □Yes □No	
If yes, please list date(s), position	(s) & location(s)			
Do you have any relatives employ ts affiliates? Yes No Are you legally eligible for employers.			s), position(s)& location(s)	
(If offered employ	ment, you will be required to pro	ovide documentation to v	erify eligibility.)	
EDUCATION Circle Highest Grade Compl	eted: High School College, Trade Sch Graduate Studies:	hool, Business: 1	10 11 12 2 3 4	
School Name:	Address:	Major Studies	: Degree, Diploma, License or Certification:	
High School:			32 GGT VALCONISON	
College/University				
Vocational, Trade, Business, Other:				
List Any Professional Design	ations and or Certification	is:	,	
		oformation regarding race, colo	or, creed, sex, religion, national origin, ancestry,	
Other Special Knowledge, Sk	cills or Qualifications:			
Computer Skills (Hardware/S	oftware):			
For Clerical Applicants Only:				
Do you type? □ Yes □ No		If yes, Words Per Minute (WPM):		

EMPLOYMENT HISTORY

Please list all employments for the past five-(5) years, starting with the most recent position. You may attach a resume and list of references in lieu of completing this section. Your list of references must contain at a minimum a contact name and or number for each employment listed.

Resume attached?	me attached?							
If Résumé AND List of references are not attached, please continue here:								
Employed From:	Employer Name:	Supervisor Name:	Starting Salary:					
Employed To:	Employer Address	Supervisor Phone Number:	Ending Salary:					
Job Title:		Reason for Leaving:						
Duties and Responsibilitie	s:	1						
Employed From:	Employer Name:	Supervisor Name:	Starting Salary:					
Employed To:	Employer Address	Supervisor Phone Number:	Ending Salary:					
Job Title:		Reason for Leaving:	1					
Duties and Responsibilitie	s:	1						
Employed From:	Employer Name:	Supervisor Name:	Starting Salary:					
Employed To:	Employer Address	Supervisor Phone Number:	Ending Salary:					
Job Title:		Reason for Leaving:						
Duties and Responsibilitie	s:	1						
Employed From:	Employer Name:	Supervisor Name:	Starting Salary:					
Employed To:	Employer Address	Supervisor Phone Number:	Ending Salary:					
Job Title:		Reason for Leaving:						
Duties and Responsibilitie	s:	l						

GENERAL

Please read the following questions and then check the appropriate box:

	Yes	No	N/A	
1.				May we contact your current employer for references?
2.				May we contact individuals listed on your list of references?
3.				Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
4.				If hired, will you be able to work overtime?
5.				If hired, will you be able to travel as required for the position you are applying for? If you do not know the travel requirements for the job please STOP here and find out before proceeding.

I certify that the application information including any attachments are true and correct. I understand that, if employed, falsified or misleading statements or failure to give any information herein as requested, regardless of the time elapsed after discovery, shall be grounds for dismissal.

I understand that neither the completion of the application, nor any other part of my consideration for employment establishes any obligation for Technicom Services, Inc. to hire me. If I am hired, I understand that either Technicom Services, Inc. or I, can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Technicom Services, Inc. has the authority to make any assurance to the contrary.

I hereby authorize investigation of all statements contained herein and authorize all corporations, companies, schools, government agencies, individual persons, military services, and former employers to release information to the Company to inquire into my educational, professional and past employment history, references, and driving record as needed to research my qualifications for this position. I hereby agree to hold Technicom Services, Inc. and its officers, employees and agents harmless from any cause of action which might arise as a result of the job applicants or employers use of this form. Job applicants and employers assume the risk of use of, and reliance on information provided through, this form. Neither Technicom Services, Inc, nor its officers, employees or agents shall be liable under any theory; legal or equitable, for any claims or damages related to a job applicants or employers use of this form.

I hereby acknowledge that I have read and agree	e to the above statements and authorization	IS.
Signature	Date	
Printed Name		