



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Technology Conservation Group, Inc. uses E-Verify as part of the I-9 process to verify the work eligibility of all new hires. E-Verify is an Internet-based system that compares information from an employee's Form I-9 to data from U.S Department of Homeland Security and Social Security Administration records.

Applicant Name _____ Date _____

In the last 7 years, have you ever worked under a different name? [] Yes [] No

If yes, please state name(s): _____

Address _____

City _____ State _____ Zip _____

() _____ () _____ () _____
Home Phone Business Phone Cell Phone

Email Address _____

Date available to start work: _____ How were you referred to us? _____

Position(s) applied for or type of work desired: _____

Type of employment desired [] Full time

Times available to work [] First shift (7am-5pm)

Mon Tues Wed Thurs Fri Sat Sun

Can you travel if required? [] Yes [] No

Do you have objections to working overtime? [] Yes [] No

Have you been previously employed by our company? [] Yes [] No

If you are under 18, can you furnish a work permit if it is required? [] Yes [] No

Drivers license number (if driving is an essential job duty): _____



Please review this section carefully before you attempt to answer the question below. If you have questions or do not understand the terms, please get clarification from the Human Resources representative before answering.

Employment History

Please provide all employment information for the past seven (7) years starting with the most recent. Continue employment history information on back of application, if needed.

Mo/Yr / Mo/Yr

From / To Employer Name Position Held

Address City State Telephone Number

Immediate supervisor Title Reason for leaving

Job Summary

If current employer, may we contact? Yes No

Mo/Yr / Mo/Yr

From / To Employer Name Position Held

Address City State Telephone Number

Immediate supervisor Title Reason for leaving

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Job Summary

Educational History

High School Location Years Completed
 Course of Study Degrees Earned

College Location Years Completed
 Course of Study Degrees Earned

Technical Training Location Years Completed
 Course of Study Degrees Earned

Other Location Years Completed
 Course of Study Degrees Earned



Personal References

List 3 references; include name, telephone numbers and years known. (Do not include relatives or employers)

_____	(_____) _____	_____
Name	Telephone Number	Years Known
_____	(_____) _____	_____
Name	Telephone Number	Years Known
_____	(_____) _____	_____
Name	Telephone Number	Years Known

Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application as well as criminal background information from all previous employers, educational institutions, law enforcement agencies, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there this no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date