



Technology Service Corporation
an employee-owned company

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Technology Service Corporation to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, national origin, sex, age, handicap, or veteran status.

1. PERSONAL DATA

NAME			DATE	
First	Middle	Last		
ADDRESS			PHONE	
Street	City	State	Zip	
SOCIAL SECURITY NUMBER				
TYPE OF POSITION DESIRED				
DATE AVAILABLE FOR EMPLOYMENT			SALARY DESIRED	
HAVE YOU PREVIOUSLY APPLIED FOR WORK AT TECHNOLOGY SERVICE CORPORATION?				
HAVE YOU PREVIOUSLY HELD A U.S. SECURITY CLEARANCE?			LEVEL	
GRANTING AGENCY			DATE GRANTED	
CAN YOU PROVIDE EITHER DOCUMENTATION OF U.S. CITIZENSHIP, OR GENUINE DOCUMENTS TO VERIFY YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY TO WORK IN THE UNITED STATES?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
IF YOU HAVE EVER BEEN CONVICTED OF A CRIME, LIST DATE, STATE, AND NATURE OF OFFENSE				
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.				
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ____ YES ____ NO				

2. REFERENCES

LIST THREE PERSONS WE MAY CONTACT REGARDING YOUR PROFESSIONAL ABILITY.

NAME	ADDRESS	PHONE	OCCUPATION

3. DRIVING INFORMATION

Do you have a current driver's license? Yes No
 State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No If yes please explain:

4. EDUCATIONAL & PROFESSIONAL BACKGROUNDS

INSTITUTION AND LOCATION	DATES ATTENDED	DEGREE AND YEAR GRADUATED	IF NO DEGREES NO. OF CREDITS RECEIVED	GRADE POINT AVERAGE OR RANK	MAJOR & MINOR FIELDS
--------------------------	----------------	---------------------------	---------------------------------------	-----------------------------	----------------------

HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

OTHER

IF A DEGREE IS PENDING, INDICATE DATE EXPECTED

HONORS AND HONOR SOCIETIES

PROFESSIONAL SOCIETIES, INDICATE DATES OF MEMBERSHIP

PUBLICATIONS AND PATENTS

5. EMPLOYMENT RECORD

LIST MOST RECENT POSITION FIRST, THIS SECTION MUST BE COMPLETED IN FULL.

NAME AND ADDRESS OF PRESENT EMPLOYER

EMPLOYED	PAY RATE
From To	Start Final

TITLE	DUTIES
-------	--------

NAME AND POSITION OF IMMEDIATE SUPERVISOR	MAY WE CONTACT YOU AT YOUR PRESENT PLACE OF EMPLOYMENT? If yes, please enter area codes/phone number	YES () NO ()
---	---	-------------------

REASON FOR LEAVING	MAY WE CONTACT EMPLOYER?	YES () NO ()
--------------------	--------------------------	-------------------

NAME AND ADDRESS OF PREVIOUS EMPLOYER			
EMPLOYED		PAY RATE	
From	To	Start	Final
TITLE	DUTIES		
NAME AND POSITION OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
NAME AND ADDRESS OF PREVIOUS EMPLOYER			
EMPLOYED		PAY RATE	
From	To	Start	Final
TITLE	DUTIES		
NAME AND POSITION OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
NAME AND ADDRESS OF PREVIOUS EMPLOYER			
EMPLOYED		PAY RATE	
From	To	Start	Final
TITLE	DUTIES		
NAME AND POSITION OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			

6. ADDITIONAL INFORMATION

DESCRIBE IN YOUR OWN WORDS WHAT KIND OF WORK YOU WANT TO DO AND YOUR PROFESSIONAL OBJECTIVES. ALSO INCLUDE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS ACCOMPLISHMENTS, SPECIAL TRAINING, AND OTHER PERTINENT QUALIFICATIONS.

PRE-EMPLOYMENT STATEMENT

I hereby affirm that the information provided on this employment application form and on my resume is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further employment if discovered after my employment has begun.

I hereby authorize Technology Service Corporation or their appointed investigative agencies to substantiate and verify my past employment, professional credentials, academic degrees, and other information on my application. I also authorize my previous schools, employers, and listed references to release to Technology Service Corporation or their appointed investigative agencies any relevant information including transcripts that may be requested in connection with my employment. I understand that if I give Technology Service Corporation a written request within a reasonable time, they will furnish me with additional information about the nature and scope of that investigation. I agree that Technology Service Corporation and my previous employers, schools, and references shall not be held liable if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsity or omissions in the information I have provided.

I understand that if the position for which I am hired requires access to classified information and if I am not able to obtain the required security clearances, I will not be allowed to work in that position. My employment with the Company in a position not requiring security clearance depends on the availability of such a position for which the Company determines I am qualified. I understand that Technology Service Corporation reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I agree to abide by the administrative policies of the Company. I understand that no statement in this form, related administrative policies, or any offer of employment is to be construed as an employment contract; and that either party, without the other's consent, may terminate the employment relationship at any time.

PLEASE SIGN HERE _____

Signature

Date

This application will become inactive in six months if not renewed in writing.

APPLICANTS VOLUNTARY SELF-IDENTIFICATION RECORD

As a part of the Affirmative Action Program of Technology Service Corporation, we are required by law to report the numbers of people who apply at our company by ethnic group, sex, and veteran status. Your cooperation will be appreciated in completing the following form. This information will be used only for reporting purposes as legislated by Federal and State regulations and will not become part of your applicant file or be used in making an employment decision.

ETHNIC GROUP

To assist in appropriate identification, an applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging in accordance with the definitions below.

1. HISPANIC or LATINO – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
2. WHITE- (NOT OF HISPANIC ORIGIN) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
3. BLACK or AFRICAN AMERICAN (NOT OF HISPANIC ORIGIN) - A person having origins in any of the black racial groups.
4. NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.
5. ASIAN – (NOT HISPANIC or LATINO) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
6. AMERICAN INDIAN OR ALASKAN NATIVE (NOT HISPANIC or LATINO) – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
7. TWO or MORE RACES (NOT HISPANIC or LATINO) – All persons who identify with more than one of the above five races.

VETERANS

1. "DISABLED VETERAN" means a person entitled to disability compensation under laws administered by the Veterans' Administration, for disability rated at thirty percentum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
2. "ELIGIBLE VETERAN" specify dates of service and campaign/expedition _____
If you are uncertain if you qualify as an "Other Eligible Veteran", please contact the Human Resources Department for a detailed list.

REFERRAL SOURCE

- | | |
|---|--|
| 1. <input type="checkbox"/> Advertisement | 4. <input type="checkbox"/> Former Technology Service Corporation Employee |
| 2. <input type="checkbox"/> State Employment Agency | 5. <input type="checkbox"/> College/University/Tech School/High School |
| 3. <input type="checkbox"/> Employee Contact | 6. <input type="checkbox"/> Mail In/Walk In |
| | 7. <input type="checkbox"/> Other _____ |

GENDER

1. FEMALE
2. MALE

NAME _____ PLEASE PRINT _____ SIGNATURE _____ DATE _____

