EMPLOYEE APPLICATION

CLEAR FORM | SAVE AS FORM | PRINT FORM

BASIC INFORMATION

LAST NAME

FIRST NAME

ADDRESS

ADDRESS 2

CITY

EMAIL

TODAY'S DATE

CELL PHONE #

STATE

POSTAL CODE

DATE OF BIRTH

DATE AVAILABLE

POSITION REQUESTED

DESIRED SALARY

MILITARY

BRANCH

DATES

RANK AT DISCHARGE

TYPE OF DISCHARGE

IF OTHER THAN HONORABLE, EXPLAIN

EMERGENCY CONTACT INFORMATION

CONTACT - 1 NAME

RELATION – 1

EMAIL – 1

CELL – 1

CONTACT 2 NAME

RELATION – 2

EMAIL – 2

CELL – 2

ARE YOU A CITIZEN OF THE UNITED STATES? ◯ YES ◯ NO

HAVE YOU EVER WORKED FOR THIS COMPANY? ◯ YES ◯ NO IF YES, WHEN

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ◯ YES ◯ NO IF YES, EXPLAIN

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 CONTRACT TERMINATION.

By typing your name below, you acknowledge and agree that your typed name serves as your electronic signature and has the same force and effect as a handwritten signature.

SIGNATURE

EDUCATION

HIGH SCHOOL _____ GRADUATED ❍ YES ❍ NO ❍DIPLOMA

DATES ATTENDED _____ CITY-STATE _____

COLLEGE _____ GRADUATED ❍ YES ❍ NO

DATES ATTENDED _____ CITY-STATE _____

TRADE SCHOOL _____ GRADUATED ❍ YES ❍ NO

DATES ATTENDED _____ CITY-STATE _____

OTHER _____ GRADUATED ❍ YES ❍ NO

DATES ATTENDED _____ CITY-STATE _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES

FULL NAME _____ RELATIONSHIP _____

COMPANY _____ PHONE _____

ADDRESS _____ CITY STATE ZIP _____

EMAIL _____

FULL NAME _____ RELATIONSHIP _____

COMPANY _____ PHONE _____

ADDRESS _____ CITY STATE ZIP _____

EMAIL _____

FULL NAME _____ RELATIONSHIP _____

COMPANY _____ PHONE _____

ADDRESS _____ CITY STATE ZIP _____

EMAIL _____

PREVIEWS EMPLOYMENT/WORK HISTORY

COMPANY ____________________ PHONE ____________________

ADDRESS ____________________ SUPERVISOR ____________________

JOB TITLE ____________________ MAY WE CONTACT REFERENCE ❍ YES ❍ NO

START & END DATE ____________________ STARTING SALARY $ __________ ENDING SALARY $ __________

REASON FOR DEPARTING

COMPANY ____________________ PHONE ____________________

ADDRESS ____________________ SUPERVISOR ____________________

JOB TITLE ____________________ MAY WE CONTACT REFERENCE ❍ YES ❍ NO

START & END DATE ____________________ STARTING SALARY $ __________ ENDING SALARY $ __________

REASON FOR DEPARTING

COMPANY ____________________ PHONE ____________________

ADDRESS ____________________ SUPERVISOR ____________________

JOB TITLE ____________________ MAY WE CONTACT REFERENCE ❍ YES ❍ NO

START & END DATE ____________________ STARTING SALARY $ __________ ENDING SALARY $ __________

REASON FOR DEPARTING

Pre-Employment Screening

Certain positions with Accutek Technologies may require work within school districts, healthcare facilities, municipalities, and other secure or regulated client environments. Candidates being considered for these positions may be asked to authorize a preliminary background screening as part of the selection process. This preliminary screening is intended to help determine eligibility to continue through Accutek's hiring and onboarding process and does not replace any additional background checks, drug testing, fingerprinting, or other screening that may later be required by Accutek or a specific client or project.

By signing below, I acknowledge that I have read and understand the above and authorize Accutek Technologies, Inc., and/or its designated screening provider, to conduct a preliminary background screening as part of my consideration for employment.

By typing your name below, you acknowledge and agree that your typed name serves as your electronic signature and has the same force and effect as a handwritten signature.

SIGNATURE DATE