

Techris Design inc. Job Application

1. **Position Applied For:** _____

2. **Social Security No.:** _____

3. **Full legal Name:** _____

Last Name	First	Middle
()	Cell Phone	()

4. **Home Phone:** _____

5. **Street Address:** _____

City	State	Zip
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6. Email address: _____

7. Education:

7a. Highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

7b. Do you have a high school equivalency diploma: Yes No

7c. Number of years of post high school education: 1 2 3 4

8. Name and Location of Educational Institution:	Degree Received	Major / Specialty	Dates Attended
8a. _____	_____	_____	_____
8b. _____	_____	_____	_____
8c. _____	_____	_____	_____

9. If you plan to complete an educational program in the future, then indicate the degree or program to be completed

9a. Completion Date: _____

10. Work Experience: Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

10a. Job Title _____
 Employer Name _____
 Employer Address _____

 _____ Phone _____

Job Duties:

Supervisor / Manager _____
 Title _____
 Final Salary _____
 Dates (Month/ Year) _____ To _____
 Hours/week _____

Reason for leaving

10b. Job Title _____
 Employer Name _____
 Employer Address _____

 _____ Phone _____

Job Duties:

Supervisor / Manager _____
 Title _____
 Final Salary _____
 Dates (Month/ Year) _____ To _____
 Hours / Week _____

11. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

12. **Licenses Held:** or certifications to practice a trade or profession.

Type	License Number	Granted by (licensing board)

13. **References:**

List the full name, address, phone number and relationships of up to three persons that you'd like to use as a reference:

Full Name	Address	Phone Number	Relationship

14. **Miscellaneous Information:**

14a. Which shifts are you willing to accept: Day Evening Night Rotating Weekends Specify shift hours _____

14b. Which job status are you willing to accept: Full-time Part-time (specify) _____

15. **Prior Convictions:**

16. Have you ever been convicted of any violation of law, including moving traffic violations: Yes No

Describe the Offense :

Statute / Ordinance (if known):

County, City, and State of Conviction:

Date of Charge: _____ ; Date of Conviction

18. **Work Start Date:** When will you

The information provided is honest and accurate.

Date: _____ Signature: _____