

# Employment Application

**TechR2, LLC**  
P.O. Box 247  
Reynoldsburg, OH 43068



## APPLICANT INFORMATION (Pre-employment questionnaire) (An equal opportunity employer)

Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date:	<input type="text"/>				
	(Last)	(First)	(M.I.)						
Address:	<input type="text"/>		<input type="text"/>						
	(Street Address)		(Apartment/Unit #)						
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	(City)	(State)	(ZIP Code)						
Phone:	<input type="text"/>	E-mail Address:	<input type="text"/>						
Date Available:	<input type="text"/>	Social Security No.:	<input type="text"/>	Position Applied for:	<input type="text"/>				
Are you a citizen of the United States?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have you ever worked for this company?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, when?	<input type="text"/>			
Have you ever been convicted of a felony?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO					
If yes, explain:									

## PREVIOUS EMPLOYMENT (Please start with the last employer first)

Company:	<input type="text"/>	Phone:	<input type="text"/>		
Address:	<input type="text"/>	Supervisor:	<input type="text"/>		
Job Title:	<input type="text"/>	Starting Salary: \$	<input type="text"/>	Ending Salary: \$	<input type="text"/>
Responsibilities:	<input type="text"/>				
From:	<input type="text"/>	To:	<input type="text"/>	Reason for Leaving:	<input type="text"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>		
Address:	<input type="text"/>	Supervisor:	<input type="text"/>		
Job Title:	<input type="text"/>	Starting Salary: \$	<input type="text"/>	Ending Salary: \$	<input type="text"/>
Responsibilities:	<input type="text"/>				
From:	<input type="text"/>	To:	<input type="text"/>	Reason for Leaving:	<input type="text"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>		
Address:	<input type="text"/>	Supervisor:	<input type="text"/>		
Job Title:	<input type="text"/>	Starting Salary: \$	<input type="text"/>	Ending Salary: \$	<input type="text"/>
Responsibilities:	<input type="text"/>				
From:	<input type="text"/>	To:	<input type="text"/>	Reason for Leaving:	<input type="text"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**REFERENCES** (Please list three - non-relative - professional and/or personal references)

Full Name: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	
Full Name: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	
Full Name: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>
Company: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	

**EDUCATION**

High School: <input style="width: 95%;" type="text"/>	City/State: <input style="width: 95%;" type="text"/>				
From: <input style="width: 20%;" type="text"/> To: <input style="width: 20%;" type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input style="width: 40%;" type="text"/>	
College: <input style="width: 95%;" type="text"/>	City/State: <input style="width: 95%;" type="text"/>				
From: <input style="width: 20%;" type="text"/> To: <input style="width: 20%;" type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input style="width: 40%;" type="text"/>	
Other: <input style="width: 95%;" type="text"/>	City/State: <input style="width: 95%;" type="text"/>				
From: <input style="width: 20%;" type="text"/> To: <input style="width: 20%;" type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: <input style="width: 40%;" type="text"/>	

**MILITARY SERVICE**

Branch: <input style="width: 95%;" type="text"/>	From: <input style="width: 20%;" type="text"/>	To: <input style="width: 20%;" type="text"/>
Rank at Discharge: <input style="width: 95%;" type="text"/>	Type of Discharge: <input style="width: 95%;" type="text"/>	
If other than honorable, explain: <input style="width: 95%;" type="text"/>		

**DISCLAIMER and SIGNATURE**

*"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations. I understand and agree that my employment and compensation can be terminated with or without any cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the company's President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing."*

Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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I understand that acceptance of any offer or employment does not create a contractual obligation upon the company to employ me in the future. If the company decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize the company to do so. If a report is obtained the company must provide me, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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