



Technical Services Group, Inc.

EMPLOYMENT APPLICATION

TODAY'S DATE (Mo./Day/Yr.)

Please PRINT all information clearly.

PERSONAL	NAME (First, Middle, Last)		SOCIAL SECURITY NUMBER		
	PERMANENT ADDRESS (Street, City, State, Zip)		DATE OF BIRTH		
	PRESENT ADDRESS (If different from above)		How long at present address?		
	PHONE NUMBER	If no phone, how may we contact you?			
	Position or field or work desired.		Years experience in this type of work	SALARY EXPECTED	
	Date available to start work		Total hours per week desired	Schedule desired	
	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	When requested, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of a felony or misdemeanor? *Employment will not be denied solely due to a conviction record, unless the offense is related to the job for which you have applied.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "yes", when?		Explain:		
	I understand and agree that I may be required to take one or more physical examination; lie detector test(s); substance test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such times as designated by the Company and to release the Company, its directors, officers, agents, or employees from any claim arising in connection with such tests.				<input type="checkbox"/> Yes <input type="checkbox"/> No
List activities or commitments that may interfere with attendance requirements.					
List any physical limitations or health problems that preclude you from performing any work for which you are being considered, and what can be done to accommodate your limitations.					

EDUCATION / SKILLS	Name and Address of School		Dates Attended		Course or Major	Degree	Graduation Date	
			From	To				
	High School							
	College, Trade or Business School							
	Other							
	Are you presently enrolled in school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", where?		What is your goal?		
	What is your typing speed?		What computer experience do you have?					
	What foreign languages do you speak?			Read?		Write?		
Additional training and/or skills which should be considered.								

MILITARY	Branch of Military Service		Dates of Active Service		Type of Duty		
			From	To			
	Was discharge honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)				Reserve status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A		
Military training received related to position for which you are applying.							

An Equal Opportunity Employer

E M P L O Y M E N T H I S T O R Y	Give past employment history as completely as possible, starting with your present or last employer. Show dates and locations for any unemployed or self employed periods.				
	Present or Last Employer	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)	Position Held	Name of Supervisor
	Address	Telephone Number		Starting Salary	Ending Salary
	Reason for Leaving				
	Employer	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)	Position Held	Name of Supervisor
	Address	Telephone Number		Starting Salary	Ending Salary
	Reason for Leaving				
	Employer	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)	Position Held	Name of Supervisor
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	Employer	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)	Position Held	Name of Supervisor
	Address	Telephone Number		Starting Salary	Ending Salary
	Reason for Leaving				
	Indicate by number any of the above employers whom you do not wish us to contact at this time. (Explain)				

M I S C.	Additional information or comments for placement consideration.

A G R E E M E N T	PLEASE READ CAREFULLY BEFORE SIGNING (References to the "Company" mean Technical Services Group, Inc.)
	I hereby certify that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from consideration for employment, and may be considered grounds for termination if discovered at a later date.
	I understand and agree that, if hired, employment is for no definite period and may be terminated at any time without any prior notice.
	I understand that it is the Company's policy to prohibit the use by it's employees of any type of tobacco product on company property during working hours, or when representing the Company at remote locations. I agree to comply with the Company's no smoking policy.
	I agree to give at least two weeks written notice of resignation to company management prior to my resignation, and in the event of my failure to give such notice, to accept a reduction in rate of pay to minimum wage to be applied to all unpaid remaining hours worked. And, to forfeit any earned or accrued vacation remaining at the point of my resignation.
	I further agree not to seek or accept employment, within twelve months of my separation from the company, with any firm or individual engaged in the business of sales, service, or manufacture, of NDT x-ray systems, equipment, or accessories, or activities considered to be in direct competition to the company, or where my knowledge of business activities, products, or trade secrets could be used in direct competition to products or services offered by this company.
	If employment is offered to me and accepted by me, I agree to submit required documentation that establishes my identity and verifies my qualifications to be legally employed in the U.S., to sign an employment contract if required, and to abide by all current and future policies, rules and regulations of the company.
I authorize Technical Services Group, Inc. to, directly or indirectly, investigate and verify statements contained herein, and the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability for any damage that may result from furnishing same, or responding to an inquiry, concerning this application.	
DATE _____ SIGNATURE _____	