

An Equal Opportunity Employer

Heath Tecna is a drug free work environment.

<input type="checkbox"/> Full Time
<input type="checkbox"/> Part Time
<input type="checkbox"/> Temporary

## Personal Data

Date:
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Last:	First:	Middle:	Social Security Number:	
Street:		City:	State:	Zip:
Permanent Address (if different from present address):				Home Telephone:
				Business Telephone:
Position Applying For:		Salary Expectations:	How much are you willing to travel if required? (0-100%):	Date Available for Work:
Are you employed now?		May we contact your present employer at this time?		How did you become aware of this opening? (please check one)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Family <input type="checkbox"/> Employee Referral <input type="checkbox"/> HT Web Site <input type="checkbox"/> Job Line <input type="checkbox"/> Other:

## Skills & Qualifications

Please check all of the following that apply:

Computer Skills:	<b>Hardware:</b>	<input type="checkbox"/> IBM PC or Compatible	<input type="checkbox"/> Macintosh	<input type="checkbox"/> Other:
	<b>Software:</b>	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Powerpoint
	<input type="checkbox"/> Access	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Publisher	<input type="checkbox"/> FileMaker Pro
	<input type="checkbox"/> Other:			
Production Skills:	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Power Tools	<input type="checkbox"/> Painting	<input type="checkbox"/> Welding
	<input type="checkbox"/> Blueprint Reading	<input type="checkbox"/> Use of Adhesives	<input type="checkbox"/> Sanding	<input type="checkbox"/> Use of Calipers
Languages (specify fluency—reading, speaking, and/or writing):				
List any skills, qualifications or interests not included above:				
Excluding labor organizations and those which by name or character indicate race, color, religion, sex, age, marital status, national origin, disability or medical condition:				
• List business & professional organizations to which you belong:				
• List any community or civic activities:				

## Education & Training

Name & Address of Institution		Course or Major Subject (Degree, if any)	Dates Attended From: To:	Years/Credits	Did you Graduate?
High School or G.E.D. Program					<input type="checkbox"/> Yes
					<input type="checkbox"/> No
Trade School or Other					<input type="checkbox"/> Yes
					<input type="checkbox"/> No
College(s) and/or Graduate Schools					<input type="checkbox"/> Yes
					<input type="checkbox"/> No
					<input type="checkbox"/> Yes
					<input type="checkbox"/> No

<b>Employment History</b>	Include all employment as well as periods of and reasons for unemployment. List most recent first. <b>Do not refer to resume.</b>	If you are currently employed, may we contact your employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Job Title:		Dates of Employment From:                      To:		Earnings Start:                      Final:	
Name of Employer:			Kind of Business:		
Employer's Address:			Telephone # :		
Reason for Leaving:			Supervisor's Name and Phone Number:		
Classification of employees you supervised, if any:					
General outline of your duties and responsibilities:					
List dates of unemployment:	From:		To:		Explain:

Job Title:		Dates of Employment From:                      To:		Earnings Start:                      Final:	
Name of Employer:			Kind of Business:		
Employer's Address:			Telephone # :		
Reason for Leaving:			Supervisor's Name and Phone Number:		
Classification of employees you supervised, if any:					
General outline of your duties and responsibilities:					
List dates of unemployment:	From:		To:		Explain:

Job Title:		Dates of Employment From:                      To:		Earnings Start:                      Final:	
Name of Employer:			Kind of Business:		
Employer's Address:			Telephone # :		
Reason for Leaving:			Supervisor's Name and Phone Number:		
Classification of employees you supervised, if any:					
General outline of your duties and responsibilities:					
List dates of unemployment:	From:		To:		Explain:

**Employment History (continued)**

Attach Additional Pages if Necessary

Job Title:		Dates of Employment		Earnings	
		From:	To:	Start:	Final:
Name of Employer:		Kind of Business:			
Employer's Address:		Telephone #:			
Reason for Leaving:		Supervisor's Name and Phone Number:			
Classification of employees you supervised, if any:					
General outline of your duties and responsibilities:					
List dates of unemployment:	From:		To:		Explain:

Job Title:		Dates of Employment		Earnings	
		From:	To:	Start:	Final:
Name of Employer:		Kind of Business:			
Employer's Address:		Telephone # :			
Reason for Leaving:		Supervisor's Name and Phone Number:			
Classification of employees you supervised, if any:					
General outline of your duties and responsibilities:					
List dates of unemployment:	From:		To:		Explain:

Job Title:		Dates of Employment		Earnings	
		From:	To:	Start:	Final:
Name of Employer:		Kind of Business:			
Employer's Address:		Telephone # :			
Reason for Leaving:		Supervisor's Name and Phone Number:			
Classification of employees you supervised, if any:					
General outline of your duties and responsibilities:					
List dates of unemployment:	From:		To:		Explain:

# Military Service Record

Have you ever served in the armed forces of this country?	Period of Service	Branch of Service	Rank
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Service Schools or Training Schools			

# Professional References

(Please list former supervisors or colleagues)

Name and Occupation	Address (Street – City – State and Zip Code)	Business Phone Home Phone	Years Known

Do you have any relatives working for Heath Tecna?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state name, relation and position:					
Have you ever been employed at any Heath Tecna location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates and location:		
Have you ever submitted a previous application to Heath Tecna?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates and location:		
Have you ever been discharged, fired, or asked to resign from any position?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:					
Can you, after employment, submit verification of your legal right to work in the United States?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been known by another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please indicate:		

Have you been convicted of a felony or released from prison following conviction for a felony within the past seven (7) years?*					<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Note: a conviction will not necessarily disqualify an applicant from employment.)						
Crime	Date of Conviction	State & County	Disposition of Case	Explanation of Circumstances		
*Convictions for marijuana related offenses that are more than two (2) years old or convictions which have been sealed or expunged need not be listed.						

I, the undersigned applicant for employment, certify that the facts contained in this application are true and complete. I understand that any false statement(s) in this application shall be the basis for my rejection from employment or dismissal from employment if employed.

I hereby authorize Heath Tecna to investigate all statements contained in this application to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on this application. I further agree to release all parties and persons connected with any investigation or request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. I hereby authorize Heath Tecna to request my education records from the educational institutions listed above and consent to the release of such records by those institutions. If employed, I release Heath Tecna from any liability for future references it may provide regarding my work history with Heath Tecna.

I understand that applicants selected for positions requiring a security clearance will be subjected to a security investigation and must meet eligibility requirements for access to classified information.

I understand an offer of employment may be made contingent upon passing a job-related physical examination. I agree to submit to a physical examination by the company's physician or, if otherwise directed, by another duly-registered physician.

I understand offers of employment are contingent upon signing a proprietary information agreement which is available for review upon request.

I agree to observe and comply with all policies, rules and regulations of the company.

I understand and agree that all employment at Heath Tecna is on an at-will basis, and may be terminated by the employee or the company at any time for any cause or no cause. I understand and agree that no one employed by the company (except in a signed letter by Heath Tecna's President) has any authority to offer employment other than on an at-will basis. I also understand and agree to the company's policy that the company's decisions on all employment related matters are final, and are not subject to review or appeal outside the company except as required by laws providing or requiring employers to provide specific employment standards and rights. If employed, I further agree that if Heath Tecna advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any Heath Tecna property, Heath Tecna is authorized to deduct from my wages, including my final paycheck, sufficient funds to repay such loans or advances or to replace its property.

Applicant's Signature:		Date:	
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By entering your name electronically you are agreeing to the terms above.

