



Technical Services, Inc.
Industrial & Engineering Services

726 Boulevard, Suite 14
Kenilworth, NJ 07033
908-241-5977 • Fax: 908-241-5988

APPLICATION FOR EMPLOYMENT

CAREFULLY COMPLETE EACH ITEM, ATTACH RESUME IF AVAILABLE. PLEASE PRINT.

NAME		TODAY'S DATE	DATE AVAILABLE FOR WORK	POSITION APPLYING FOR			
DO YOU HAVE HAND TOOLS FOR THIS POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/>		SOCIAL SECURITY NUMBER		HOME PHONE		MOBILE	
PRESENT ADDRESS			CITY	STATE	ZIP CODE		
OTHER ADDRESS			CITY	STATE	ZIP CODE		
DO YOU HAVE A VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, DRIVER'S LICENSE NUMBER			DO YOU HAVE A RELIABLE CAR? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, EXPLAIN YOUR STATUS AND WORK AUTHORIZATION					
EMAIL ADDRESS				ARE YOU AVAILABLE FOR SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>			
APPLIED TO C&D BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHEN?		WHAT ARE YOUR MINIMUM SALARY REQUIREMENTS FOR THE POSITION ABOVE?			
<input type="checkbox"/> CLASSIFIED ADVERTISEMENT _____		<input type="checkbox"/> C&D EMPLOYEE REFERRAL _____		<input type="checkbox"/> SCHOOL PLACEMENT _____			
<input type="checkbox"/> OTHER ADVERTISEMENT _____		<input type="checkbox"/> STATE/LOCAL AGENCY _____		<input type="checkbox"/> FRIEND OR ASSOCIATE _____			
<input type="checkbox"/> SELF INITIATED _____		<input type="checkbox"/> EMPLOYMENT AGENCY _____		<input type="checkbox"/> OTHER _____			
CERTIFICATIONS/LICENSES (you must include all required for your profession)							
CERTIFICATION/LICENSE TYPE		NUMBER	ISSUED DATE	ISSUED BY	EXP DATE		
EDUCATION							
TYPE OF SCHOOL	NAME OF SCHOOL CITY/STATE	DATES ATTENDED FROM Mo/Yr TO Mo/Yr	FULL-TIME STUDENT	GRADUATED	DEGREE	MAJOR FIELD OF STUDY	GPA
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
VOCATIONAL SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
APPRENTICESHIP PROGRAM			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY EXPERIENCE (must be completed if applicable)							
BRANCH OF SERVICE		DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE	PRESENT CLASSIFICATION		
SERVICE SCHOOLS ATTENDED				MAJOR RESPONSIBILITIES INCLUDED			
RESERVE STATUS	WAS DISCHARGE OTHER THAN HONORABLE? PLEASE EXPLAIN						

HEALTH INFORMATION

ARE YOU PRESENTLY UNDER A DOCTOR'S CARE OR TAKING MEDICATION? IF YES, PLEASE EXPLAIN
 YES NO

DO YOU HAVE PHYSICAL LIMITATIONS OR IMPAIRMENTS WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE WORK FOR WHICH YOU ARE APPLYING?
 YES NO IF YES, PLEASE EXPLAIN

EMPLOYMENT HISTORY (this section must be completed to be considered for employment)

*Please list employment periods in sequence beginning with most recent. Indicate how time has been spent from **High School, College or last 10 years of employment** history. A resume may be attached to supplement this application. Be sure record is complete by months as well as years. **Include periods of unemployment where applicable.** Recent graduates should list employment during vacation periods. If you are a veteran, please include periods of service in proper sequence.*

PRESENT OR LAST EMPLOYER			TYPE OF BUSINESS		ADDRESS		TELEPHONE	
STARTING DATE MO/YR	LEAVING DATE MO/YR	STARTING SALARY	FINAL SALARY	JOB TITLE PRESENT OR LAST		NAME OF SUPERVISOR AND TITLE		
DESCRIPTION OF RESPONSIBILITIES			REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY RESIGNATION			MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		

NAME OF PREVIOUS EMPLOYER			TYPE OF BUSINESS		ADDRESS		TELEPHONE	
STARTING DATE MO/YR	LEAVING DATE MO/YR	STARTING SALARY	FINAL SALARY	JOB TITLE PRESENT OR LAST		NAME OF SUPERVISOR AND TITLE		
DESCRIPTION OF RESPONSIBILITIES			REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY RESIGNATION					

NAME OF PREVIOUS EMPLOYER			TYPE OF BUSINESS		ADDRESS		TELEPHONE	
STARTING DATE MO/YR	LEAVING DATE MO/YR	STARTING SALARY	FINAL SALARY	JOB TITLE PRESENT OR LAST		NAME OF SUPERVISOR AND TITLE		
DESCRIPTION OF RESPONSIBILITIES			REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY RESIGNATION					

REFERENCES (Supply two references who may be contacted. No past supervisors, please.)

NAME	ADDRESS	TELEPHONE	OCCUPATION

DECLARATION (READ THIS CAREFULLY)

I authorize all former employers given by me as references to answer and to give all information in connection with this application or in any way concerning me. I agree if employed by C&D Technical Services, Inc., that if ever make claims against you for personal injuries, on your request, I shall submit to examinations by physicians of your selection. My employment may be terminated by C&D at any time without liability to me except for wages as have been earned by me as of the date of such terminations. I understand that if accepted for employment I will be working for C&D on its payroll, at its clients' premises. I understand that any information I learn while working for a client is to be kept confidential. It is agreed that I will obtain your permission before discussing permanent employment with a C&D client. I agree to immediately notify C&D at the conclusion of each assignment or as soon as I become available. If I fail to give such notice, C&D may assume that I am not available for reassignment and am not ready, willing and able to work. I state that the information provided in the Work History section is true and complete. I understand that it shall be grounds for dismissal if any of the information contained herein is found to be untrue. I will hold C&D harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false information on the Work History section.

SIGNATURE _____

DATE _____