

Mailing Address
 360 Grand Ave, PO Box 326
 Oakland, Ca.94610-4840
 Website: <http://www.tech-express.net>

APPLICATION FOR EMPLOYMENT

Tech Express Inc.

Mobile Automotive & Motorcycle Repair

Contact Numbers
 Phone (800) 708-5875
 Fax (510) 482-1143
 Email: jobs@tech-express.net
 Website: <http://www.tech-express.net>

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of Tech Express and will not be returned. (NOTE: A separate application must be completed for each position for which you are applying.)

Title	Department	Position
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PERSONAL INFORMATION as it appears on your SSN card

Name (Last)	(First)	(Middle Initial)	Social Security Number - -
Address (Street)		(City)	
E-mail Address		(State)	(Zip)
Home Phone Number ()	Work Phone Number ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Presently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Age <input type="checkbox"/> Less than 14 <input type="checkbox"/> 14 - 17 <input type="checkbox"/> 18 or over		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name(s):	
How did you find out about this job opening? <input type="checkbox"/> Web page (Employment Opportunity List) <input type="checkbox"/> Human Resource Office <input type="checkbox"/> Job-Line <input type="checkbox"/> Newspaper (Identify) <input type="checkbox"/> Other (Please Explain):			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs. Complete	Graduated	Degree & Major
College		<input type="checkbox"/> Yes If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	

OFFICE/COMPUTER SKILLS

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Presentation Software	<input type="checkbox"/> Transcription	<input type="checkbox"/> Apple / Mac
<input type="checkbox"/> Database	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Ten key by touch
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> PC/IBM	<input type="checkbox"/> Switchboard
<input type="checkbox"/> Peoplesoft			

SKILLS/CERTIFICATIONS/PROGRAMMING LANGUAGES: List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or specialized software or hardware.

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in **reference** checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that **any** false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Curators affecting my employment shall constitute a part of my appointment or employment. I further understand that Tech Express, Inc has the right to review and investigate my education, previous employment, driving, and criminal records and other background data.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYMENT HISTORY CONTINUATION

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			