

Drug Screen ordered	<input type="checkbox"/>	Received	<input type="checkbox"/>	<i>W/A</i>	<i>Position</i>	<i>PTO Rate</i>	<i>Sala</i>	<i>B/R</i>	<i>W/C</i>	<i>Start Date</i>	<i>Dept.</i>
Background ordered	<input type="checkbox"/>	Received	<input type="checkbox"/>								



## Technical Temps, Inc.

510-298-5852 Phone

[WWW.TTISTAFF.COM](http://WWW.TTISTAFF.COM)

PO BOX 610190

San Jose, CA 95161

[JOBS@TTISTAFF.COM](mailto:JOBS@TTISTAFF.COM)

Equal Opportunity is TTI's policy, we will select the best qualified person for each position available. No employee of TTI will discriminate against an applicant for employment because of race, creed, color, religion, sex, national origin, ancestry, age, a physical or mental handicap, or a person's veteran status. TTI has adopted an Affirmative Action policy, this policy applies to all employment practices and personnel actions. Our Affirmative Action policy essentially means that the company will aggressively seek out, hire, develop, and promote qualified members of protected groups. (defined as racial minorities, women, physically and mentally handicapped, disabled veterans, and persons ages of 40 and over.)

Name (First, Middle, Last)			S.S.N.		E-mail	
Address		City, State, Zip Code		Home Phone		Cell Phone
In Case of Emergency Notify Name			Address		Phone	
Position Applying For		Date Available to Start		Min. Rate Desired		Do you have a Current and Valid Drivers License?
						Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Employment you are looking for			If asked...would you be willing to work >		Shift Work <input type="checkbox"/>	
<input type="checkbox"/> Swing/Grave	<input type="checkbox"/> Full Time	<input type="checkbox"/> Temp	<input type="checkbox"/> Part time (hrs _____ to _____)	<input type="checkbox"/> Overtime		<input type="checkbox"/> Available Long Term Assignments
					<input type="checkbox"/> Weekends	
How Did you hear about the Technical Temps?			D.O.B.		Driver's License #	
					State:	

**===== EDUCATION AND TRAINING =====**

High School	<input type="checkbox"/> G.E.D.	College or University	<input type="checkbox"/> Graduate School	
<i>EDUCATION</i>	<i>NAME &amp; LOCATION (city, state &amp; country)</i>	<i>G.P.A.</i>	<i>Did You Graduate?</i>	<i>Major &amp; Minor</i>
High School				
College/University				
Graduate School				
J/C or Voc School				
Special Certs?				
Office Training?				
Technical or Language				

I hereby authorize you and all former employers, and all others given as a reference, to answer all questions and to give all information in connection with this application or in any way concerning me. I agree, if employed by you, that if ever I make claims against you or personal injuries, upon your request I shall submit to examinations by physicians of your selection. Your employment of me may be terminated by you at any time without any liability to me except for wages and salary as have been earned by me at the date of termination. I understand that it is my responsibility to notify you of my availability on a weekly basis at a minimum, and if I do not, I will be considered unavailable for work.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_