

TXR GLOBAL TECHNOLOGY SERVICES, INC. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:			Date of Application:		
How Did You Learn About Us ☐ Employment Agency	:?	П	Friend or Relative		
☐ Employment Agency		_	School or College		
☐ Advertisement (Specify	,)•		Other (Specify):		
	Web Site	_	Caref (Speedy).		
Last Name:		First Name:	Mi	ddle Name:	
Address:		City:	State:	Zip Code:	
Home Telephone:	Cell Phone:	E-mail Address:	Social S	ecurity Number:	
Best time to contact you	at home is:				AMPM
	_				1.11
If you are under 18 year	s of age, can you prov	ride required proof of	your eligibility to work?	☐ Yes	□ No
Have you ever filed an a		fore?		□ Yes	□ No
Have you ever been emp If Yes, give date:		?		□ Yes	□ No
Do any of your friends of	or relatives, other than	spouse, work here?		□ Yes	□ No
Are you currently emplo	oyed?			□ Yes	□ No
May we contact your pr	esent employer?			□ Yes	□ No
Are you eligible to work Proof of eligibility will be required				□ Yes	□ No
Date Available for work	<u> </u>	What is y	your desired salary range?		
Are you available to wo	rk:	☐ Full-Time ☐ Part-time ☐ Temporary	(please indicate 1 2 3 shift) (please indicate Mornings Afte (please indicate dates available		/)
Are you currently on "lay-off" status and subject to recall?			□ Yes	□ No	
Can you travel if a job r	equires it?			□ Yes	□ No
				□ Yes	□ No



EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree	
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
Describe any specialized training, apprenticeship, and/or skills:					
Describe any job-related training received in the United States military:					



EMPLOYMENT EXPERIENCE

Start with your present or most recent job.			
Employer	Dates Employed		W. I.D. C.
	From:	To:	Work Performed
Address			
Telephone Number(s)	Hourly	Rate/Salary	
Telephone (vaniver(s)	Starting:	Final:	
Reason for Leaving			
Employer		Employed	Work Performed
	From:	To:	· ·
Address			
Telephone Number(s)	Hourly I	Rate/Salary	
	Starting:	Final:	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From:	To:	Work Legornea
Address			
Telephone Number(s)		Rate/Salary	
	Starting:	Final:	
Reason for Leaving			

(IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON SEPARATE SHEET OF PAPER.)



ADDITIONAL INFORMATION

	OTHER QUALIFICATIONS:				
Summarize special job-related skills acquired from employment or other experience.					
SPE	CCIALIZED SKILLS	(CHECK SKILLS/EQUIPMENT OPE	ERATED)		
Sta	te any additional information you f	eel may be helpful to us in considering your a	application:		
J	ic any additional information jump	set may be neight to at at constacting years	ppneum.		
REI	References				
IXL.	REFERENCED				
	Name:		Telephone:		
1.	Address:				
	Name:		Telephone:		
	Name:		Tetepnone.		
2.	Address:				
	nun ess.				
	Name:		Telephone:		
			•		
3.	Address:		I		



APPLICANT'S STATEMENT

I certify that answers given herein are true as	nd complete.				
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.					
This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.					
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless, such change is specifically acknowledged in writing by an authorized executive of this organization.					
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.					
Signature of Applicant		Date			
I	FOR PERSONNEL DEPARTMENT USE OF	NLY			
Arrange Interview ☐ Yes ☐ No Remarks					
Employed D Vo. D No.	Interviewer:	Date:			
Employed ☐ Yes ☐ No Job Title	Date of Employment Hourly Rate/Salary	Department			
	Touriy Ruicibuury	Department			
By					

Date:

Name and Title