

TELECO

1070 St. Andrews Blvd.
Charleston, SC 29407
843-571-0000
Telecochas.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Social Security Number		Date of Birth	
Name	LAST	FIRST	MIDDLE
	SUFFIX		
Present Address	STREET ADDRESS	CITY	STATE
	ZIP	APARTMENT	
Permanent Address	STREET ADDRESS	CITY	STATE
	ZIP	APARTMENT	
Contact Information	Phone Number	Fax Number	Email
	Facebook	Twitter	
Emergency Contact	NAME	ADDRESS	PHONE NUMBER
	RELATIONSHIP		
Emergency Contact	NAME	ADDRESS	PHONE NUMBER
	RELATIONSHIP		

EMPLOYMENT DESIRED

Position	Date Available	Desired Salary	Full Time or Part Time	Do you have your own Transportation
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GENERAL

	Yes	No		Yes	No
Are you 18 years or older?			Valid South Carolina Driver's License		
Are you a U.S. citizen?			Alien authorized to work in the United States?		
Are you employed now?			If yes, may we contact your present employer?		
Are you presently bound by a non-compete agreement?					
If yes, provide details:					
Are you presently bound by a non-solicitation agreement?					
If yes, provide details:					
Are you presently bound by a non-disclosure agreement?					
If yes, provide details:					
Ever applied to Teleco before?			Where?		
Ever worked for Teleco before?			Where?		
Reason for leaving:					
Name of last supervisor at Teleco					

Who referred you to Teleco? (Check One)									
	Employment Agency	Newspaper Advertisement	State Employment Office	College Placement Service	Walk In	Friend	Teleco Employee	Web Site	Other

EDUCATION

School Level	Name of School	City, State	# Years Attended	Graduated Date	Main Course of Study
Grammar School					
High School					
College					
Graduate School					
Trade, Business or Correspondence School					

TRAINING

Special Study/Research			
Special Training			
Special Skills			
Certifications			

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EMPLOYMENT HISTORY					
Present or Last Employer					
Starting Date (Month/Year)		Leaving Date (Month/Year)			
Starting Salary		Final Salary			
Job Title					
May we contact your supervisor?	Y / N	Name and Title of Supervisor		Phone Number	
Description of Work					
Reason for leaving					

EMPLOYMENT HISTORY					
Previous Employer					
Starting Date (Month/Year)		Leaving Date (Month/Year)			
Starting Salary		Final Salary			
Job Title					
May we contact your supervisor?	Y / N	Name and Title of Supervisor		Phone Number	
Description of Work					
Reason for leaving					

EMPLOYMENT HISTORY					
Previous Employer					
Starting Date (Month/Year)		Leaving Date (Month/Year)			
Starting Salary		Final Salary			
Job Title					
May we contact your supervisor?	Y / N	Name and Title of Supervisor		Phone Number	
Description of Work					
Reason for leaving					

APPLICANT'S CERTIFICATION AND AGREEMENT	
I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.	
I understand that employment at this Company is "at will," which means either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reasons not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the President, has any authority to alter the foregoing.	
Applicant's Signature	Date

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
It is the policy of the Company to recruit, hire, train and promote individuals in all job classifications without regards to race, color, religion, age, sex, marital status, sexual orientation, veteran status, national origin, physical or mental handicap, unless based on a bona fide occupational qualification.