



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Today's Date: _____

PERSONAL INFORMATION

NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE #	APT#		
IN CASE OF EMERGENCY NOTIFY					
NAME		ADDRESS	PHONE #		
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?			<input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> OTHER
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN
<input type="checkbox"/> FRIEND		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER**

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

MONTHLY / HOURLY STARTING SALARY MONTHLY / HOURLY ENDING SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE #

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

MONTHLY / HOURLY STARTING SALARY MONTHLY / HOURLY ENDING SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE #

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

MONTHLY / HOURLY STARTING SALARY MONTHLY / HOURLY ENDING SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE #

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: Give below the names of three person not related to your, whom you have know at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUINTED
1			
2			
3			

EXPERIENCE AND QUALIFICATIONS - DRIVER POSITIONS OR USE OF COMPANY VEHICLES

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES _____ NO _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

C. HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE (DUI)?

YES _____ NO _____

IF THE ANSWER TO A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	TRAFFIC CONVICTIONS
LAST ACCIDENT		
NEXT PREVIOUS		
NEXT PREVIOUS		

GENERAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT -ALL CIRCUMSTANCES WILL BE CONSIDERED.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS?
WITH _____ WITHOUT _____

LIST ANY MEDICAL CONDITIONS HIGH TECH TOOLS SHOULD BE AWARE OF SHOULD AN EMERGENCY ARISE WHEREBY HOSPITALS OR DOCTORS MUST BE NOTIFIED. _____

LIST ANY MEDICATIONS BEING USED WHICH HIGH TECH TOOLS SHOULD BE AWARE FOR EMERGENCY PURPOSES. _____

HIGH TECH TOOLS IS REQUIRED BY THE STATE OF NEW MEXICO TO REPORT ALL NEW HIRE EMPLOYEES. ANY BACK CHILD SUPPORT OR ALIMONY MONIES OWED WILL BE DEDUCTED OUT OF EMPLOYEES PAYROLL.

DO YOU OWE BACK CHILD SUPPORT PAYMENTS? _____ DID YOU OWE BACK ALIMONY PAYMENTS? _____

SAFETY TRAINING? _____

SPECIAL TRAINING ? _____

SPECIAL SKILLS _____

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE
PRESENT MEMBERSHIP IN	RANK
NATIONAL GUARD OR RESERVES	DATE
	OBLIGATION ENDS

AUTHORIZATION: Please read the following carefully as they constitute conditions for employment

1. I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated immediately.
2. In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, either by my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.
3. I understand that High Tech Tools, LLC requires pre-employment MVR and background checks and drug and alcohol screens on all its employees and agree to that as part of the decision making process. I understand that High Tech Tools, LLC routinely checks MVR's on all its employees.
4. I understand that this application must be completed legibly and entirely, or I may be disqualified from consideration for employment.
5. The persons, schools, current and prior employers (if approved by me in the Former Employers section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that may be requested to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.

DATE _____ SIGNATURE _____



HIGH TECH RENTAL TOOLS

P.O. BOX 1244
AZTEC NM
87410

PAYROLL DEDUCTION

I, _____, give my permission to High
Tech Rental Tools to deduct the cost of pre-employment drug screening,
physical and any safety training needed from my first paycheck. The
approximate cost is \$500.00. I understand that once I complete my 1st year
of service with High Tech Rental Tools I will be reimbursed for these costs.
As well, I understand that if I fail the pre-employment drug screening or
decline the offer of employment from High Tech Rental Tools that I will be
billed for charges incurred from the pre-employment screening and physical.

Employee Signature

Date