



APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

TECHNOLOGY SOLUTIONS is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, national origin or ancestry, sex, age, physical or mental disability, pregnancy, veteran or military status, unfavorable discharge from military service, genetic information, sexual orientation, marital status, order of protection status, citizenship status, arrest record or expunged or sealed convictions, or any other legally recognized protected basis under federal, Illinois, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act, the Illinois Human Rights Act, and applicable local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on TECHNOLOGY SOLUTIONS. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Your application will be active for 90 calendar days. If you are not hired during that time period, but wish to continue to be considered for available positions, you must complete a new application.

Upon employment, employees of TECHNOLOGY SOLUTIONS may be required to have their picture taken or to provide TECHNOLOGY SOLUTIONS with a picture of themselves.

GENERAL INFORMATION

Full Name _____	Date _____
FIRST MIDDLE LAST	
Address _____	
STREET CITY STATE ZIP CODE	
Contact Number (____) _____	Date available for work _____
Alternate Contact Number (____) _____	Email (optional) _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)	
How were you referred to TECHNOLOGY SOLUTIONS? _____	

POSITION INFORMATION

Type of work desired? _____	Salary range expected (required) _____
Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work related certifications or licenses you currently possess.

BACKGROUND INFORMATION

<p>During the past seven years, have you ever been discharged, suspended, or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____</p> <p>For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify name. _____</p>
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PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:	
Name _____	Phone (_____) _____
Email Address _____	Type of Acquaintance _____
Name _____	Phone (_____) _____
Email Address _____	Type of Acquaintance _____
Name _____	Phone (_____) _____
Email Address _____	Type of Acquaintance _____

ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects, or any other information that will assist us in considering your application for employment. _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

I understand, where permissible under applicable Illinois and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with TECHNOLOGY SOLUTIONS.

_____ Initials

I understand, where permissible under applicable Illinois and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with TECHNOLOGY SOLUTIONS.

_____ Initials

I understand, where permissible under applicable Illinois and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I hereby certify that the information given by me is true in all respects. I authorize TECHNOLOGY SOLUTIONS and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" on page 3 of this application as "No") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

_____ Initials

I understand employment with TECHNOLOGY SOLUTIONS is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

[I hereby certify that, if employed, my employment with TECHNOLOGY SOLUTIONS will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement, or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any.]

_____ Initials]

[I hereby certify that, if employed, my employment with TECHNOLOGY SOLUTIONS will not violate any non-solicitation, non-competition, or other similar covenant or agreement I have with any of my prior employers, other than those I have disclosed in this application, if any.]

_____ Initials]

[I hereby certify that, if employed, I will report to my supervisor, a representative of HR, or other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee.]

_____ Initials]

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party TECHNOLOGY SOLUTIONS or me, without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of TECHNOLOGY SOLUTIONS, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of TECHNOLOGY SOLUTIONS has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

_____ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with TECHNOLOGY SOLUTIONS's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____ Date _____

I understand that no representation whether oral or written by any representative or agent of TECHNOLOGY SOLUTIONS at any time can constitute an implied or express contract of employment I further understand no representative or agent of TECHNOLOGY SOLUTIONS has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy procedure benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative Initials I certify that all of the above information is true and complete and I understand that any falsification or omission of information may disqualify me from further consideration for employment or if hired may result in termination regardless of the time elapsed before discovery Note An offer of employment is conditioned upon complying with TECHNOLOGY SOLUTIONSs requirements including but not limited to signing a separate disclosure and consent form prior to any background investigation MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____ Date _____