

EMPLOYMENT APPLICATION

CONTACT INFORMATION							
First Name	Middle Initial	Last Name					
	Lau			<u> </u>			
Street Address	City			State		Zip Code	
Phone Home Work Cell	Best time to reach you Email						
		•					
Emergency Contact	cy Contact Relationship Phone		Phone	Home Work Cell			
APPLICANT DETAILS							
Have you ever been convicted with or without trial, pleaded guilty or no contest					No	Explain	
to or otherwise been found to committed an offense against the law?				Yes	No	Explain	
Is there anything that could prevent you from doing the job?				163	NO		
Have you over worked at 804 Technology before?				Yes	No	List prior dates	
Do you have friends, relatives or acquaintances working at 804 Technology?				Yes	No	List name & relationship	
Are you eligible to work in the United States				Yes	No		
Are you under the age of 18? If yes, please supply work permit.				Yes	No		
Job # from website (if applicable)							
I certify that the answers I have made to							
knowledge. I understand that if this appl	•		•		•		
automatically disqualified. I understand to a background check may be required price							
Program, drug testing may be required. I	, ,					•	
past employers, from disclosing any infor	mation which they	acquire	d relevant to m	ny emp	loym	ent. I consent that they may	
disclose such information to the Human I		•				- ·	
that holds the vacancy for which I am app	, ,	•			•	•	
offer of employment is conditional upon Immigration Reform and Control Act.	proof of legal autho	orizatior	i to work in the	Unite	a Stai	tes as required by the	
minigration neronn and control Act.							
Signature:			[Date:			