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EMPLOYMENT APPLICATION FORM

AN EQUAL OPPORTUNITY EMPLOYER		Title Applying for:	
Instructions: <ul style="list-style-type: none"> ➤ Type or print legibly in ink ➤ Fill out both sides carefully and completely ➤ Your failure to properly fill out this application may result in your disqualification or dismissal. ➤ Notify us of any changes in your address or telephone number. We will not be responsible for any mail or correspondence which does not reach you. 		Name: <hr/> <div style="display: flex; justify-content: space-between;"> Last First Middle </div> <hr/> Social Security Number <hr/>	
CITIZENSHIP: <i>Check appropriate block below</i> NOTE: Applicants must be citizens, nationals or permanent resident aliens of the United States. <ul style="list-style-type: none"> A. Citizen of the U.S B. National of the U.S C. Permanent Resident Alien of the U.S. D. Non-citizen. Type of Visa: _____ <i>For C & D, attach verification of alien status and employment authorization to application</i>		Mailing Address: <hr/> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <hr/> Home Number <hr/> Cell Number <hr/>	
Do you have a Security Clearance? Y N Have you had a Security Clearance? Y N Have you ever worked for 804 TECHNOLOGY before? Y N		Have you ever been convicted with or without trial, pleaded guilty or no contest to or otherwise been found to have committed an offense against the law? Y N	
If YES, list the Dates and the Facilities and Reason for leaving: <hr/> <hr/> <hr/>		If YES, give date, place, charge, and disposition: <hr/> <hr/> <hr/>	
I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Department of Administrative Services, and/ or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.			
Signature:		Date:	