



PERSONAL INFORMATION																
LAST NAME		FIRST NAME			MIDDLE		DATE									
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)																
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)																
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		ARE YOU AT LEAST 16 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU OVER 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>										
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>																
<b>HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A FELONY OR MISDEMEANOR, INCLUDING DRIVING UNDER THE INFLUENCE OF INTOXICANTS?</b> (Not to be completed by applicants in Hawaii, prior to a conditional offer of employment. California, Connecticut and Illinois applicants are not required to disclose the existence of any criminal charges or convictions that have been erased, expunged or sealed. California applicants are not required to disclose misdemeanor convictions involving marijuana or controlled substances as described in California Labor Code section 432.8 that are more than two years old and misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed. In Massachusetts, "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions." Utah applicants are not required to disclose misdemeanor convictions.) YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S), OFFENSE(S), AND WHERE CONVICTED. ATTACH A SEPARATE SHEET OF PAPER WITH INFORMATION IF NECESSARY.																
(A CONVICTION IS NOT NECESSARILY A BAR FOR EMPLOYMENT. CONVICTIONS WILL BE CONSIDERED ONLY AS RELATED TO THE JOB APPLIED FOR).																
PLACEMENT INFORMATION																
POSITION APPLIED FOR:				ARE YOU INTERESTED IN <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> INTERNSHIP												
REFERRAL SOURCE: <input type="checkbox"/> WALK IN <input type="checkbox"/> CUSTOMER <input type="checkbox"/> TECHNICOLOR WEBSITE <input type="checkbox"/> INTERNET POSTING <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> EMPLOYEE REFERRAL WHO REFERRED YOU? _____ OTHER: _____																
HOURS AVAILABLE TO WORK	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
	AM															
	PM															
SALARY OR WAGE DESIRED								DATE AVAILABLE								
NOTES																
EDUCATION																
SCHOOL NAME				LOCATION				YEARS COMPLETED				MAJOR				
HIGH SCHOOL							1 2 3 4									
COLLEGE							1 2 3 4									
PROGRAM EXPERIENCE																
MICROSOFT WORD	<input type="checkbox"/> NONE		<input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCED		<input type="checkbox"/> EXPERT							
MICROSOFT EXCEL	<input type="checkbox"/> NONE		<input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCED		<input type="checkbox"/> EXPERT							
MICROSOFT OUTLOOK	<input type="checkbox"/> NONE		<input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCED		<input type="checkbox"/> EXPERT							
ADOBE ILLUSTRATOR	<input type="checkbox"/> NONE		<input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCED		<input type="checkbox"/> EXPERT							
ADOBE PHOTOSHOP	<input type="checkbox"/> NONE		<input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCED		<input type="checkbox"/> EXPERT							
ADOBE DREAMWEAVER	<input type="checkbox"/> NONE		<input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCED		<input type="checkbox"/> EXPERT							
OTHER PROGRAMS	NAME:				<input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> EXPERT											
OTHER PROGRAMS	NAME:				<input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> EXPERT											

**EMPLOYMENT HISTORY**

PREVIOUS EMPLOYER		TELEPHONE NUMBER	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED MO / YR      MO / YR	LAST RATE PAY / SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

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POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

**EMPLOYMENT HISTORY**

PLEASE EXPLAIN ANY PERIOD OF TIME THAT YOU WERE NOT EMPLOYED BETWEEN JOBS IF LONGER THAN THREE MONTHS


**REFERENCES**

NAME	ADDRESS	WORK PHONE NO.	TITLE / RELATION	YEARS KNOWN

**OTHER SKILLS**

PLEASE LIST ANY OTHER QUALIFICATIONS OR SKILLS THAT YOU COULD BRING TO THE TECHNICOLOR TEAM


**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED INFORMATION ARE GROUNDS FOR TERMINATION OF EMPLOYMENT.

SIGNATURE _____	DATE _____
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TECHNICOLOR DOES NOT DISCRIMINATE IN HIRING OR TERMS OR CONDITIONS OF EMPLOYMENT ON THE BASIS OF RACE, COLOR, CREED, RELIGION, SEX , NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER BASIS UPON WHICH DISCRIMINATION IS PROHIBITED BY MUNICIPAL, STATE, OR FEDERAL LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION THAT MAY BE USED FOR DISCRIMINATORY PURPOSES.