

| WORK HISTORY | | | |
|------------------------------|---------------------|--|---------------------|
| Most Recent Employer | Address | Telephone | |
| Date Started | Starting Salary: \$ | Per | Starting Position |
| Date Left | Ending Salary: \$ | Per | Position on Leaving |
| Name and Title of Supervisor | | | |
| Reason for Leaving | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties | | | |
| Previous Employer | Address | Telephone | |
| Date Started | Starting Salary: \$ | Per | Starting Position |
| Date Left | Ending Salary: \$ | Per | Position on Leaving |
| Name and Title of Supervisor | | | |
| Reason for Leaving | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties | | | |
| Previous Employer | Address | Telephone | |
| Date Started | Starting Salary: \$ | Per | Starting Position |
| Date Left | Ending Salary: \$ | Per | Position on Leaving |
| Name and Title of Supervisor | | | |
| Reason for Leaving | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties | | | |

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position with TEC. I authorize TEC to make an investigation of any of the facts set forth in this application and release TEC from any liability.

I understand that employment at TEC is "at-will," which means that either I or TEC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of TEC, other than the Director in a signed writing has any authority to alter the foregoing.

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| Applicant Signature | Date |
|---------------------|------|