

# TEP SOLUTIONS & CONSULTING, INC.

Application Form



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security #	Driver License #	
Please state your knowledge of English Language:	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	MS Office: Advance <input type="checkbox"/> Intermediate <input type="checkbox"/>
Typing	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	Internet: Advance <input type="checkbox"/> Intermediate <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a good Credit History	YES <input type="checkbox"/> NO <input type="checkbox"/>
Currently Employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION			
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PAYMENT		
Method of Payment	CASH <input type="checkbox"/> CHECK <input type="checkbox"/>	Amount:
PMT Option:	Number of Payments:	Amount:
Payment Due Dates	Payment 1:	Payment 2:

I Certify that the above information is correct to the best of my knowledge and promise to be bound by the general regulation & policies of this company.

\_\_\_\_\_  
Signature of Applicant