



TETRA TECH ARCHITECTS & ENGINEERS

215 THE COMMONS
ITHACA, NY 14850
TEL: 607-277-7100
FAX: 607-277-1410
www.tetratech.com
www.thethomasgroup.com

Tetra Tech, Inc., including its subsidiaries, is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, sex, age, national origin, citizenship, or disability. Individuals with disabilities who need assistance completing this application can contact the Human Resources department to arrange suitable accommodations.

EMPLOYMENT APPLICATION

Name		(First)	(Middle)	(Last)	Date	Social Security No.
Present Address		(Street)	(City)	(State)	(Zip)	Phone Number
Permanent Address		(Street)	(City)	(State)	(Zip)	Phone Number
How did you learn of our Company?						Office / Cell or Pager No. / Email Address
Position(s) Desired		<input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time				Salary Desired
1.						Date Available to Work
2.						

Other name(s) under which employment may be verified _____

Please indicate source of referral to Tetra Tech, Inc. _____

Have you previously applied or been employed by any Tetra Tech company? **Yes** **No** If yes, please explain _____

Do you have relatives or members of your household employed by any Tetra Tech company? **Yes** **No** If yes, please name _____

If an offer of employment is made, can you verify your eligibility to work for Tetra Tech, Inc. or its subsidiaries in the United States? **Yes** **No**

For some positions, proof of U.S. citizenship is required. Do not answer if not required by position. Can you show proof of citizenship? **Yes** **No**

Are you capable of satisfactorily performing the essential functions of the position for which you are applying? **Yes** **No**

If position required relocation, do you have any geographical restrictions? **Yes** **No** Geographical preference _____

If position required traveling, would you have any restrictions? **Yes** **No**

Do you have a valid driver's license? **Yes** **No** Has your driver's license ever been suspended or revoked? **Yes** **No**

Have you signed, or are you otherwise bound by, any non-compete, confidentiality, non-disclosure or other agreement(s) that could restrict your ability to perform the duties of the position you are applying for? **Yes** **No** If yes, please explain and provide a copy of the agreement(s).

SECURITY:

Have you ever held a security clearance issued by the U.S. Government? Yes No If yes, please indicate the type of clearance granted:

Secret Top Secret L Q Active Inactive When was this clearance last active: _____

EDUCATION:

Did you graduate from high school? Yes No If not, have you passed a G.E.D. test or equivalency? Yes No

SCHOOL	CITY AND STATE	MAJOR AREA OF STUDY	YEARS COMPLETED (CIRCLE)	DID YOU GRADUATE?	DEGREE RECEIVED IF NO DEGREE, GIVE TOTAL UNITS COMPLETED
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scholastic Honors and Awards:

Thesis/Dissertation Topic:

Other Courses Taken: (Trade, Technical, Correspondence and Military)

Name & Location of School

LICENSES: Licenses, Registrations and Certifications

Provide type of registration, state, year, and number:

TYPE OF REGISTRATION	STATE(S)	YEAR	LICENSE NUMBER

U.S. MILITARY SERVICES:

BRANCH OF SERVICE	DATE OF ACTIVE SERVICE	RANK AT DISCHARGE
	From: To:	

Services/schools of special experience:

EMPLOYMENT RECORD:

List all jobs and other activities (including military service) for at least the past 10 years, covering full disposition of your time whether you were employed or not (**show last employment first**). This portion must be completed even if supplemented by a resume. Please explain fully any gaps in employment history. If necessary, please attach a separate sheet for additional employment history.

EMPLOYMENT HISTORY (Give full name and complete street address).	SALARY OR WAGE	SALARIED OR HOURLY	BOUNS ELIGIBLE ?	DUTIES	DATES EMPLOYED		TOTAL YRS/M O	REASON FOR LEAVING
					From MO/YR	To MO/Y R		
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								

MAY WE CONTACT YOUR PRESENT AND/OR FORMER EMPLOYER(S)? YES NO CONDITIONS _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY ANY PREVIOUS EMPLOYER? (DO NOT INCLUDE LAYOFFS)

YES **NO** _____

References:

Please list three references who are not related to you and are familiar with your employment experience (preferably direct supervisor).

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Prior Supervisor Professional Contact

Co-worker Other _____

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Prior Supervisor Professional Contact

Co-worker Other _____

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Prior Supervisor Professional Contact

Co-worker Other _____

Skills/Qualifications: List special skills and qualifications, such as specialized technical skills within your field of expertise. List computer hardware and software packages with which you have experience.

Comments: (List any information that you may wish to add about your abilities.)

Criminal History: Have you ever pleaded “guilty” or “no contest” to, or been convicted of, a misdemeanor or felony; or have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial? **Yes** **No**

If yes, please explain below. (Answering “yes” to these questions does not constitute an automatic bar to employment. Do not include minor traffic violations.)

I hereby certify that my answers to the foregoing questions and statements are true and correct to the best of my knowledge and I hereby authorize Tetra Tech, Inc. and its subsidiaries (hereafter called “The Company”) to verify any of the information concerning my employment, education, credit, disciplinary or medical history with the appropriate individuals, companies, institutions, or agencies; and I authorize them to release such information without any obligation to give me notice of such disclosure. I hereby release the Company and all individuals from any liability for any damage whatsoever for issuing this information.

I understand that any misrepresentation or omission of material fact in this application will constitute sufficient grounds for immediate dismissal. I further understand the Company is an employer at will and employment is for no definite period, and my employment and compensation may be terminated at any time for any reason whatsoever, with or without good cause, at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of the agreement are valid and no agent of the Company has the authority to override the presumption of at-will employment.

I understand and agree that I may be obligated to take medical examinations as directed by the Company if the Company believes that physical or mental conditions exist which may impair my performance or safety or the performance or safety of others. I further understand that the Company maintains a drug-free workplace, and I am subject to undergoing drug screening at the Company’s expense. If hired, I will be required to read and sign consent to Tetra Tech’s Substance Abuse Policy.

Employment is conditional upon the results of references, verification of eligibility for employment in the United States, and signing consent with Tetra Tech’s Policies on Employee Conduct, Business Conduct, Conflict of Interest, and the Employee Confidentiality and Invention Assignment Agreement. I understand and agree that the terms and conditions of employment may be altered by Tetra Tech at any time with or without cause or notice.

Signature of Applicant: _____ **Date:** _____

This application is valid for 90 days. If you wish to be considered for employment after this time, you must reapply.



TETRA TECH, INC.

CORPORATE OFFICE

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Pasadena, California 91107
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www.tetrattech.com

**Note to Administrator:
Remove this section prior to
interview. Do not include with
application.**

EEO/AFFIRMATIVE ACTION INFORMATION (OPTIONAL)

It is, and will continue to be, the policy of Tetra Tech, Inc. and all its branches and subsidiaries to affirmatively recruit, hire, train and promote all persons on the basis of qualifications, competence, and merit without regard to race, color, ancestry, national origin, religious creed, gender, disability, age, marital status, veteran status, and/or other categories as required by law. Federal law requires all contractors of the federal government to report certain statistics to the government on a periodic basis. Your cooperation in providing the information requested below will help Tetra Tech, Inc. to comply with these requirements. However, you are not required to do so, and whether you respond or not will not affect any employment-related decision. The information received will be kept in a file separate from the application for employment and will be kept confidential, to the extent possible.

Name: _____

Position applying for: _____

Date of Your Application: _____

Gender: Male Female

What is your race/ethnicity? Please mark **only one** box.

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

**Note to Administrator:
Remove this page prior to interview.**