

APPLICATION FOR EMPLOYMENT

Position(s) Applied For _____ Salary Desired _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

Last Name (Please Print)	First	Middle	Social Security Number	Date
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Present Address:	Street	City/State	Zip Code	Telephone Number
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Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

Have you been convicted of any crime within the past 5 years? Yes No

If yes, give dates and explain. (Attach separate paper if necessary). A conviction will not necessarily disqualify you from employment.

* We reserve the right to perform a background search of various histories, please check box to acknowledge same

** Are you over 18 years of age? yes no

*** Do you have any limitations as far as lifting, climbing ladders, sight impairment, or any other limitation that would prohibit normal duties of an electrician? Yes No

EDUCATIONAL DATA

School	Print Name, Number, Street Address, City, State, and Zip code of each school	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus, Night / Corres.				
Other				

Other skills: List any other job skills, qualifications, or licenses that support your application: _____

Honors Received: _____

In order to permit a check of your work and educational work records, should we be made aware of any changes of name or assumed name that you previously used? Yes No If, Yes, Identify names and relevant dates.

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job, Include military experience. If known by any other name, please indicate.

1. Employer:	Dates		Work Performed:
	From	To	
Address:			
Job Title:	Salary		Phone Number:
Supervisor:	From	To	
Reason for Leaving:			
May we make inquiries of this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			

2. Employer:	Dates		Work Performed:
	From	To	
Address:			
Job Title:	Salary		Phone Number:
Supervisor:	From	To	
Reason for Leaving:			
May we make inquiries of this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			

3. Employer:	Dates		Work Performed:
	From	To	
Address:			
Job Title:	Salary		Phone Number:
Supervisor:	From	To	
Reason for Leaving:			
May we make inquiries of this employer? <input type="checkbox"/> yes <input type="checkbox"/> no			

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking.

Are you a veteran of the U.S. Military Service? yes no If yes, what branch of Service? _____

If yes, beginning date and ending date of active duty: From _____ To: _____
Year / Month Year/Month

Date of Discharge from Military Service: _____

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain: _____

Are you now employed? Yes No

Are you on layoff and subject to recall? Yes No

May we contact your present employer? Yes No

May we contact your previous employer? Yes No

Please identify any reason for not contacting prior employers: _____

Can you travel if job requires it? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts, or day you cannot work? Yes No

If yes, please explain: _____

What foreign languages do you speak, read or write? _____

Do you have any friends or relatives who work here? Yes No

Name: _____ Relationship _____

Name: _____ Relationship _____

CHARACTER REFERENCES

List three persons not related to you whom you have known at least one year.

	Name	Address & Telephone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information you wish to have considered as part of your application for employment: _____

How did you hear of this company? _____

Have you filed as application here before? Yes No

If yes, give date: _____

Have you ever been employed here before? Yes No

If yes, give date: _____