



EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	Email Address:			
Date Available			Desired Wage	
Position Applied for				
If hired, can you provide verification of your right to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of identity and eligibility will be required upon employment	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have any relatives or friends who work for the Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 18 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you perform the essential functions of the position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, please explain:	
NOTE: if you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.				
Have you ever been convicted of a felony or a misdemeanor in a court of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
NOTE: A conviction will not necessarily result in denial of employment.				
Veteran of the U.S. Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, branch?	
Have you ever been bonded?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	For what jobs?	
How did you hear about us?				
Have you ever served an Apprenticeship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What craft?	
Are you a licensed electrician?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes: _____ Master _____ Journeyman _____ Apprentice License # _____	
Where?	Is your license current? YES <input type="checkbox"/> NO <input type="checkbox"/>			
What languages do you speak/write?	<input type="checkbox"/> English <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Spanish <input type="checkbox"/> Read <input type="checkbox"/> Write Other: _____			

DAYS AND HOURS AVAILABLE (If employed, I understand that I am required to work the schedule mandated by the company.)							
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
EDUCATION							
	Name and Location of School			Course of Study	Number of Years Completed	Diploma or Degree Received	
High School							
College							
Vocational or Trade School							
Graduate Work							
JOB SPECIFIC SKILLS (List skills or training you have received that relate to the job you are applying for.)							

PROFESSIONAL EXPERIENCE (Start with your present or most recent position. Use an additional sheet of paper if more space is needed).				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Employer			Telephone	
Full Address			Supervisor	
Dates Employed		From:	To:	
Rate of Pay		Beginning:	Ending:	
Title			Reason for Leaving	
Describe the work performed:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Employer			Telephone Number	
Full Address			Supervisor	
Dates Employed		From:	To:	
Rate of Pay		Beginning:	Ending:	
Title			Reason for Leaving	
Describe the work performed:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Employer			Telephone Number	
Full Address			Supervisor	
Dates Employed		From:	To:	
Rate of Pay		Beginning:	Ending:	
Title			Reason for Leaving	
Describe the work performed:				
PERSONAL REFERENCES (Give at least two references – <u>not</u> relatives - with whom you have known for more than three years).				
Name		Address	Telephone	Occupation
Name		Address	Telephone	Occupation

Applicants will receive consideration for positions, without regard to race, color, religion, age, sex, except where sex is a bona fide occupational qualification, sexual orientation, marital status, individuals with disabilities, and equally to disabled veterans and veterans of the Vietnam era. **IMPORTANT, PLEASE READ AND SIGN:** I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____ Date: _____

RESULTS: (FOR OFFICE USE ONLY) Hired? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Job Title and Department:	
Date Beginning Employment ____/____/____	Compensation: \$ _____ per _____
Interviewed By:	Date: ____/____/____