

APPLICATION FOR EMPLOYMENT

Last Revised: 05/20/2017

PERSONAL INFORMATION				
Date		Social Security Number		
Last Name		First Name		Middle Name
Current Address				
Email Address			Cell Phone	
Date of Birth			Height	Weight
Desired Position			Date you can start	
Desired Pay Rate			Last Pay Rate	
Are you Employed Now (yes/no)		If so, may we contact your current employer? (yes/no)		
EMPLOYMENT HISTORY				
From - To	Name & Address	Pay Rate	Position	Reason for Leaving
EDUCATION				
College:	City & State:	Date Graduated:	Specialized Classes:	
Trade School:	City & State:	Date Graduated:	Specialized Classes:	
High School:	City & State:	Date Graduated:	Specialized Classes:	

REFERENCES

Name	Phone	Business	Years Acquainted

PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job applied for? (yes/no)

If yes, explain

DRUG & ALCOHOL RECORD – INSURANCE REQUIREMENT

Have you ever been treated for a drug or alcohol problem? (yes/no)

If yes, explain

Date of last treatment:

DRIVING RECORD – INSURANCE REQUIREMENT

Driver's License Number	State	Expiration Date
Has your Driver's license ever been suspended? (yes/no)		
If yes, please state the reason		
Date Reinstated:	Date to be Reinstated:	

STATE ELECTRICAL LICENSING STATUS

Apprentice (Check one below)	Journeyman (Check one below)
I am currently attending certification classes.	I am a Certified Electrician (Attach Proof of Completion)
I have completed School. (Attach Proof of Completion)	I am registered to take the electrical certification test on:
I have <u>not</u> completed School & I am <u>not</u> currently attending classes.	I am <u>not</u> a Certified Electrician & I am <u>not</u> registered to take the electrical certification test.

AUTHORIZATION:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wage and salary, be terminated at any time without any previous notice.

Date _____

Signature _____