EMAIL: Roy@1st-electric.com TOLL FREE FAX: 866-755-3966



Employment Application

Applicant Information								
Full Name:					Date:			
Address:	ast First		M.I.					
	Street Address			Apartment	/Unit #			
	City	_		State	ZIP Co	de		
	() E-mail Address:							
Date Available: Social Security No.: Desired Salary:								
Position Applied for: YES NO YES NO								
Are you a cit	izen of the United States?	YES NO	If no, are you at	uthorized to work in	the U.S.?			
Have you ev	er worked for this company?	YES NO	If yes, when?					
Have you ev	er been convicted of a felony?							
If yes, explai	n:							
Education								
High School:	·	Address						
From:	To:	Did you graduate?	YES NO	Degree:				
College:		Address						
From:	To:	Did you graduate?	YES NO	Degree:				
Other:		Address						
From:	To:	Did you graduate?	YES NO	Degree:				
References								
Please list t	hree professional references							
Full Name:			Relationship: _					
Company:				_ Phone:()			
Address: _								
Full Name:	Full Name: Relationship:							
Company:				Phone: ()			
Address:								
Full Name:			Relationship:					
Company:)			
Address:								

1

Previous Employment							
Company:	Phone: ()						
Address:	Supervisor:						
Job Title: Starting Salary	y: _\$ Ending Salary: _\$						
Responsibilities:							
From: To: Reason for Leaving							
May we contact your previous supervisor for a reference?							
Company:	Phone: _()						
Address:	Supervisor:						
Job Title: Starting Salary	y: _\$ Ending Salary: _\$						
Responsibilities:							
From: To: Reason for Leaving	g:						
May we contact your previous supervisor for a reference?	- -						
Company:	Phone: ()						
Address:	Supervisor:						
Job Title: Starting Salary	y: _\$ Ending Salary: _\$						
Responsibilities:							
From: To: Reason for Leaving	g:						
May we contact your previous supervisor for a reference?	<u> </u>						
Military Service							
Branch:	From: To:						
Rank at Discharge: T	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview							
may result in my release.							
Signature:	Date:						

Authorization to Obtain Consumer Reports

Consumer reports may be necessary to evaluate my application for employment, or my job status if employed. These reports may include my driving record or other information.

By signing this agreement, I authorize the procurement of such reports now and as needed in the future, to evaluate my status for employment, insurability and for any other permissible purpose.

Signature of Applicant / Employee							
Print Full Name (clearly)							
Deiver Lieuwe Mouth on	Olate of larged Linear						
Driver License Number	State of Issued License:						
Additional Information							
You can use this area to include additional information about yourself that was not covered in previous sections of this application that you feel we, as an employer, should know about yourself. (CDL / Certifications / Skills / etc.)							
Office Use Area							