

Personal Information			
Last	First	MI	Email
Street Address		City	ST Zip
		Home Phone	Mobile Phone
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War	
What position are you applying for?		How did you hear about this position?	
Requested Hourly Rate	Existing Hourly Rate	Date Available	
Have you ever applied for employment or been previously employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you perform the requirements of this job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Work Experience			
	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Related Skills And Requirements			
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Number:		
Type of Driver's License:	State:		
Do you hold a Journeyman Electrician License or any other Electrician License with any State, County or Municipality?	If Yes, please list the License Number(s), Dates(s) of License(s) and Location of Issue:	License 1:	License 2:
Do you currently hold a OSHA 10 or 30 card? this is a requirement.	If Yes, please list the card number, course end date and Trainer.		
Have you had Safety Training for Construction or Electrical Work?	If Yes, please describe:		

Do you understand that a Background Check may be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you understand that a drug testing may be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Education				
	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				
Personal References				
	Reference 1	Reference 2	Reference 3	
Name				
Address				
City, ST, ZIP				
Telephone				
Employee Emergency Contact (The information that you provide will be used ONLY in the event of an emergency)				
Name:	Address:	Relationship:	Phone Number:	
Name:	Address:	Relationship:	Phone Number:	
Computer Skills				
Special Circumstances or Comments				
Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.		Signature		Date