Adamik Electric LLC

580 W. Cheyenne Ave., Suite 120 North Las Vegas, NV 89030

Job Application

Personal Information					
Last	First	MI	Email		
Street Address	City	ST	Zip	Home Phone	Mobile Phone
Street Address	City	21	Zip	nome Phone	Mobile Phone
Are you legally eligible for employment				If yes, Date of Birth	
in the United States?	Yes No	Are you 18 or older?	Yes No		
Have you been convicted of a felony or been incarcera	ted in connection with a felony in the past	If yes, please explai	n:	1	
seven years?	Yes No				
Branch Military Service? Yes No		Are you a veteran? 🛛 Yes 🗋 No 🦳 War			
What position are you applying for?	How did you hear about this position?				
Desugated Hauriu Pate		Date Available			
Requested Hourly Rate					
Have you ever applied for employment or been previously employed by this company?	Yes No		e requirements of this job asonable accommodation?	Y	es 🗌 No
Prior Work Experience		mar or manout rea			
	Current or Most Recent	Prior		Prior	
Employer					
Address					
City, ST, ZIP					
Telephone					
Name of Immediate Supervisor					
Dates of Employment	From To	From	То	From	То
Position/Job Title					
Reason for Leaving					
May We Contact	Yes No	□ Ye	s 🗌 No	☐ Yes	s 🔲 No
Job Related Skills And Requirements					
Do you have a valid Driver's License?	Yes No		Drivers License Number:		
Type of Driver's License:		-	State:		
		License 1:		License 2:	
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:				
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?	Yes No						
Do you understand that a drug testing may be required?	Yes No						
Education	Name/Location	Last Year Complete	Degree	Major or Emphasis			
High School		9 10 11 12	Degree				
College/University		1 2 3 4					
Trade School							
Other							
List any applicable special skills, training or proficiencies.				1			
Personal References							
	Reference 1	Reference 2	Reference 3				
Name							
Address							
City, ST, ZIP							
Telephone							
Employee Emergency Contact (The information t	hat you provide will be used ONLY in t	he event of an emergency)					
Name:	Address:	Relationship:	Pho	Phone Number:			
Name:	Address:	Relationship:	Pho	ne Number:			
Computer Skills							
Special Circumstances or Comments							
Disclaimer - By signing, I hereby certify that the al	bove information, to the best of my	Signature		Date			
knowledge, is correct. I understand that falsification	on of this information may prevent me fr	om					
being hired or lead to my dismissal if hired. I also p contacted regarding work records	provide consent for former employers to	be					