



Date: _____

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE ADVISE A COMPANY REPRESENTATIVE

APPLICATION FOR EMPLOYMENT
PLEASE PRINT INFORMATION REQUESTED IN INK

The Company is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity and all applicants and employees are considered for hire, promotion and job status without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other characteristic protected by law.

NOTE: This application will be considered active for 30 days. If you have not been employed within this period and are still interested in employment at the Company, you must reapply.

Name: _____ Social Security Number: _____
Last First Middle

Address: _____
Number Street Apt. City County
State Zip Home Phone Cell Phone

Previous Address: _____
Number Street Apt. City County

Answer only if position for which you are applying requires driving:

License to drive a car? Yes No Do you have a CDL? Yes No

CPR and First Aid

Are you certified in CPR? Yes No Are you certified in First Aid? Yes No

Have you ever been employed by the Company? Yes No

If so, when and where last employed? _____ Position: _____

Do you have a relative employed by the Company _____
 Yes No If so, name: _____

Education:

School Attended	No. of Years	Name of School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of College Major	Average Grades
Sr. High						
Tech						
College					Degree:	
Other						

U.S. Military Service:

Branch of Service	Date Entered	Date of Discharge	Highest Rank Held	Service-Related Skills & Experience Applicable to Civilian Employment

What experience or training have you had other than your work experience, military service and education? (Community activities, hobbies, etc.) _____

I am interested in the following type of work: _____

Office General Labor Drill Operator Lineman Crew Leader
 Management Other: _____

Have you been convicted during the past seven (7) years of a serious crime involving a person's life or property, or a crime involving drugs? Yes No (You do not need to identify any conviction that has been legally sealed, expunged, pardoned or otherwise statutorily eradicated.)

If yes, explain: _____

A conviction will not necessarily disqualify you from employment, but will be considered only as it may relate to the job you are seeking.

REFERENCES:

Names and Addresses of Former Employers, Beginning with the Current or Most Recent		Nature of Employer's Business	Name of Your Supervisor	What Kind of Work Did You Do?	Start Date	Date Left	Pay at Leaving	Why did you Leave? Give details.
Note: State reason for and length of inactivity between present application date and last employer.								
1	Name:				Month	Month	Per Week	
	Address:						\$	
	City/State/Zip:				Year	Year		
	Phone:							
Note: State reason for and length of inactivity between employers.								
2	Name:				Month	Month	Per Week	
	Address:						\$	
	City/State/Zip:				Year	Year		
	Phone:							
Note: State reason for and length of inactivity between employers.								
3	Name:				Month	Month	Per Week	
	Address:						\$	
	City/State/Zip:							
	Phone:							

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for disqualification from further consideration or for dismissal in accordance with Company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company other than the President of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have my written permission before obtaining consumer reports or police records on me, and I hereby authorize the Company to obtain such reports. I further understand and agree to submit to a post-offer pre-employment substance abuse test.

Applicant's Signature: _____ **Date:** _____