

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	BIRTH DATE	VALID DRIVERS LICENSE ? YES or NO	

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED
EXPERIENCE - YEARS/TYPE OF ELECTRICAL	START DATE
	CURRENTLY EMPLOYED ? YES or NO

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

EXPERIENCE/TRAINING IN ELECTRICAL FIELD

PLEASE LIST YOUR SPECIFIC SKILLS AND TRAINING IN ELECTRICAL INSTALLATIONS.

FORMER EMPLOYER (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR)

NAME	PHONE NUMBER	HOW ACQUAINTED	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability and any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of or use of disability related or medical information in a manor prohibited by the Americans Disability Act (ADA) and other relevant federal and state laws.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

REMARKS

TYPES OF INSTALLATIONS		TYPES OF COMPANIES	
TOOLS		NEATNESS	
HIRED YES or NO	POSITION	STARTING DATE	SALARY