

Application for Employment to **north shore ELECTRIC, inc.**

Personal Information

Last Name	First Name	Middle Initial	Social Security #	
Present Address	Apt. #	City	State	ZIP
Permanent Address	Apt. #	City	State	ZIP
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone		Cell Phone	
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes – State _____ <input type="checkbox"/> No	Do you need any accommodations to perform the duties of this job? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		

Desired Employment

Position	Date You Can Start	Wage Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Reason for leaving?	Name of last supervisor at this company	
	How did you hear about this opportunity? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Walk-In <input type="checkbox"/> Online Advertising <input type="checkbox"/> Other _____	

Education

School Level	Name and Location of School	# Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade School				

General

Subjects of Special Study or Research Work
Special Training
Special Skills
Professional licenses, certifications or registrations

Former Employers - List below your last three employers, starting with the most recent.

Name of Present/Last Employer			
Address		City	State ZIP
Starting Date	Leaving Date		Job Title
Weekly Starting Wage	Weekly Final Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of supervisor		Title	Phone
Description of work		Reason for leaving	

Name of Present/Last Employer			
Address		City	State ZIP
Starting Date	Leaving Date		Job Title
Weekly Starting Wage	Weekly Final Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of supervisor		Title	Phone
Description of work		Reason for leaving	

Name of Present/Last Employer			
Address		City	State ZIP
Starting Date	Leaving Date		Job Title
Weekly Starting Wage	Weekly Final Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of supervisor		Title	Phone
Description of work		Reason for leaving	

References - Below, give the names of three persons you are not related to, whom you have known at least one year.

	Name	Address	Phone	Business	Years Known
1					
2					
3					

Service Record

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date	Rank
Duty/specialized training		

Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain. This will not necessarily exclude you from consideration.

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 for 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.”

Signature

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.