



# APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

We consider applicants for all positions without regard to age, race, color, national origin, religion, gender, marital status veteran status, sexual orientation, the presence of non-job related medical condition, disability or handicap, or any other legally protected status.

(PLEASE PRINT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

California State Registration Number: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Have you filed an application here before? Yes:  No:  If Yes, give date: \_\_\_\_\_

Have you ever been employed here before? Yes:  No:  If Yes, give date: \_\_\_\_\_

Are you employed now? Yes:  No:  May we contact your current employer? Yes:  No:

Are you legally eligible to work in the United States? Yes:  No:

(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last seven years Yes:  No:  If yes, explain \_\_\_\_\_

(Conviction will not necessarily disqualify applicant from employment)

On what date would you be available for work? \_\_\_\_\_ Full Time  Part-Time  Temporary

Are you on a lay-off and subject to recall? Yes:  No:

Will you work overtime if required? Yes:  No:  Can you travel if required? Yes:  No:

## EDUCATION

Note: If this information is provided in a Resume there is no need to fill this portion out.

What is the highest grade you completed in school? \_\_\_\_\_ Diploma or GED? Yes:  No:

College? Yes:  No:  Name: \_\_\_\_\_ Diploma? Yes:  No:

Trade School? Yes:  No:  Name: \_\_\_\_\_ Diploma? Yes:  No:

Describe specialized training or apprenticeship, skills, honors, or extra-curricular activities that you feel are related to this job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any foreign languages you can speak read or write fluently: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Continued on Reverse

# EMPLOYMENT HISTORY

Note: If this information is provided in a Resume there is no need to fill this portion out.

Please give accurate, complete full-time and part-time employment record, starting with present or most recent employer. We may contact employers listed below unless you indicate that you do not want us to contact them by marking the bc

Employer Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Final Wage: \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Note: If this information is provided in a Resume there is no need to fill this portion out.

<input type="checkbox"/> California Electrician's License	<input type="checkbox"/> Knowledge of Electrical Code	<input type="checkbox"/> First Aid/CPR Trained
<input type="checkbox"/> Conduit Bending (EMT and/or GRC)	<input type="checkbox"/> Motor Control	<input type="checkbox"/> BATT Certified
<input type="checkbox"/> Read One-Line Schematics	<input type="checkbox"/> Switchgear Installator	<input type="checkbox"/> Job Supervision Experience
<input type="checkbox"/> PLC Experience Type: _____	<input type="checkbox"/> Other Explain: _____	

## REFERENCES

(Please provide 3 references that are not related to you or former employers)

Name _____	Occupation _____	Phone Number: (____) _____ - _____
Name _____	Occupation _____	Phone Number: (____) _____ - _____
Name _____	Occupation _____	Phone Number: (____) _____ - _____

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

As the applicant, I understand that neither this document nor any offer of employment from the employer constitute an employment contract, and that employment is "at will". Any employment contract would have to be executed in writing by the employer and signed by both the applicant and the employer, if applicable.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date