



Electrical, Inc.

COMMERCIAL • INDUSTRIAL • SECURITY • CONTROLS

DCJS# 11-6655

P. O. Box 1015, Ashland, VA 23005

Phone: (804) 798-0062 FAX: (804) 368-8958

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____ Position applied for: _____

Last Name: _____ First Name : _____ Middle Name: _____

Street Address: _____

City _____ State _____ ZIP _____ Social Security # _____

Date of Birth _____ Email Address _____

Home Telephone: () _____ Cell Phone: () _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please explain:

Do you have a valid driver's license? If yes, license # _____ State _____

Does your driver's license have any restrictions? Yes No

If yes, please explain:

Are you currently employed? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

May we contact your present Employer? Yes No

What date are you available for work? _____

Are you applying for (select one): Full-Time Part-Time Shift Work Temporary

Can you travel if the job requires it? Yes No



Education:

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate/Professional				
Trade School				

Please describe any specialized training:

Please describe any job-related training received in the U.S. military:



Employment History (Start with most recent employer):

Most Recent Employer:	Dates: To/From	Salary: Starting/ending	Work Performed:
Address:	Telephone Number:	Job Title:	Supervisor:

Reason for Leaving: _____

Employer:	Dates: To/From	Salary: Starting/ending	Work Performed:
Address:	Telephone Number:	Job Title:	Supervisor:

Reason for Leaving: _____

Employer:	Dates: To/From	Salary: Starting/ending	Work Performed:
Address:	Telephone Number:	Job Title:	Supervisor:

Reason for Leaving: _____

(If you wish to list additional employment, please continue on a separate sheet of paper.)



Electrical Trade Education:

Are you currently enrolled in an approved Apprenticeship Program? Yes No

If so, how many years have you been enrolled? _____

Name of company sponsoring the program: _____

Name of Apprenticeship Program: _____

(Journeyman) Name of Apprenticeship Program you completed: _____

Do you possess a Journeyman's card issued by the state of Virginia? Yes No

If yes, what is your license number: _____

Do you possess a Master Electrician Card issued by the state of Virginia? Yes No

If yes, what is your card number: _____

Are you willing to work overtime, weekends, or shifts? Yes No

Note to Applicants: Do not answer the following questions unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes No

Are you currently under and income withholding order for child support or any other type of garnishment? Yes No

Are you a participant in any of the following programs? If so, please check:

- | | |
|---|---|
| <input type="checkbox"/> Vocational Rehabilitation Referral | <input type="checkbox"/> Disadvantaged Youth (Age 18-22) |
| <input type="checkbox"/> Disadvantaged Vietnam Era Veteran | <input type="checkbox"/> Supplemental Security Income Recipient |
| <input type="checkbox"/> Disadvantaged youth in COE | <input type="checkbox"/> Disadvantaged Ex-Offender |
| <input type="checkbox"/> General Assistant Recipient | <input type="checkbox"/> Eligible Work Incentive |
| <input type="checkbox"/> Employee of AFDC Recipient | <input type="checkbox"/> Qualified Summer Youth |



Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Please list the best phone number to reach this person: _____

Other phone numbers or contact information: _____

Name: _____ Relationship: _____

Address: _____

Please list the best phone number to reach this person: _____

Other phone numbers or contact information: _____

References:

Name:	Address:	Phone Number(s):
Name:	Address:	Phone Number(s):
Name:	Address:	Phone Number(s):

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____