

Application for Employment

Pre-Employment Questionnaire Equal Opportunity Employer

DATE: _____

Personal Information

				Email Address	
Name (last name first)			Social Security No.		
Address		City		State	Zip Code
Phone No.	Cell Phone No.		Referred by		
CO Drivers License No.		Do you have reliable transportation? _____ Yes _____ No		If YES, what type of transportation?	
Do you have a clean motor vehicle record? _____ Yes _____ No		If not, how many points do you have?		Do you have any DUI's? _____ Yes _____ No	
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment. Job relatedness & recency of convictions will be considered.) _____ Yes _____ No				If yes, describe conditions:	

Emergency Contacts

Name	Relationship	Phone No.
Name	Relationship	Phone No.

Employment Desired

Position	Date you can start	Wage Desired
Are you currently employed? _____ Yes _____ No	If so, may we inquire of your present employer? _____ Yes _____ No	Do you have a current electrical license? _____ Yes _____ No
Ever applied to this Company before? _____ Yes _____ No	If yes, when?	If yes, please list below: License _____ State _____

Education History

Type of Institution	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General Information

Special Training/Skills or Subjects of Special Study

CONTINUED ON OTHER SIDE

Former Employers List the last four employers, starting with the last one first.

Date/Month/Year	Name/Address/Phone No. of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone No.	Business	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 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.

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

Date _____ Signature _____

Interviewed by _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks

Neatness	Personality/Character

Date of Hire	Actual Start Date in the Field	Position	Salary/Wages