



EMPLOYMENT APPLICATION FORM

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, sex, gender, sexual orientation, national origin, ancestry, religion, creed, age, physical or mental disability, veteran or military status or other protected status. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based upon job-related factors.

PERSONAL			
Name (Last, First, Middle):		Telephone:	Date of Application:
Address (number & street name, city, state, zip code):		Position for which you are applying:	
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Apprentice: <input type="checkbox"/>	
Have you previously worked for EC Electric? Yes <input type="checkbox"/> No <input type="checkbox"/>		Journeyman: <input type="checkbox"/>	
If Yes, when?		Other: <input type="checkbox"/>	
Are you related to any EC Electric employees? Yes <input type="checkbox"/> No <input type="checkbox"/>		Available Starting Date:	
If so, who?		Salary Expectation:	
How did you learn of this position?		Were you referred by a current employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If so, by who?	
Emergency Contact Name:		Relationship & Phone Number:	
Do you have a legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If hired, can you provide proof you are eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a criminal offense? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain on a separate sheet.			
Do you have any physical limitations that would prevent you from performing the applied for job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain on a separate sheet.			

EDUCATION / SKILLS					
School:	Name & Location (city, state):	Course of Study:	Check last year completed:	Did you graduate?	List diploma or degree:
High			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other education / training history / specializations (military, specialties, etc.):					
List professional license(s):					

Many Positions at EC Electric, Inc. are required to drive company vehicles.

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Issued from which state?	Class of License:
Have had your drivers license suspended or revoked in the past three (3) years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details:		
Have you been convicted of a DUI or DWAI in the past five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details:		

WORK HISTORY

Use this section to provide information about your previous jobs starting with the most recent position. It is important to fill in all the information. **Resumes may be attached, but shall not be used in place of this work history section.** Account for all periods of time including military service and any periods of unemployment. NOTE: A job offer may be contingent upon acceptable references from current and former employers.

Employer's Name:		City, State	Telephone:
From: mo/yr	To: mo/yr	Job Title and Job Duties:	
Supervisor's Name and Title:		Reason for Leaving:	
May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage: Starting \$	Wage: Ending \$	Other:

Employer's Name:		City, State	Telephone:
From: mo/yr	To: mo/yr	Job Title and Job Duties:	
Supervisor's Name and Title:		Reason for Leaving:	
May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage: Starting \$	Wage: Ending \$	Other:

Employer's Name:		City, State	Telephone:
From: mo/yr	To: mo/yr	Job Title and Job Duties:	
Supervisor's Name and Title:		Reason for Leaving:	
May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage: Starting \$	Wage: Ending \$	Other:

SPECIAL SKILLS (other relevant additional trainings you've received, machinery or equipment you can operate, etc.):

REFERENCES

(List 3 references who are not relatives or former employers which were already listed in the work history section.)

Name & Relationship:	Years known:	City & State:	Telephone:
Name & Relationship:	Years known:	City & State:	Telephone:
Name & Relationship:	Years known:	City & State:	Telephone:

AFFIDAVIT

Please read each statement carefully before signing.

- I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
- I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons from any legal liability in making such statements.
- I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as maybe deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.
- If I am extended an employment offer, I will provide a current copy of my Motor Vehicle Report before reporting to work.
- I understand that all employment with Employer is at-will, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer. I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at will. I understand that Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and those changes are accepted by continuing my employment with Employer.
- I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature:

Date:

Notes (office use only):

Pay Rate:

License Level:

Start Date:
