



ELECTRIC COMPANY, INC.

Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. You may attach a resume, but all questions on the application must be answered.

PERSONAL DATA			
Name (Last, First, M.I.)		Today's Date	
Street and/or Mailing Address	City	State	Zip Code
Phone Number	Email Address		
How did you hear about the company?	Position Applied For		
Are you 18 years of age or older?	YES	NO	Date you can start
If hired, can you furnish proof you are eligible to work in the U.S.?	YES	NO	Desired Salary
Have you ever worked for this company before?	YES	NO	If yes, when?
Have you reviewed the essential functions of the job? YES NO			
Can you perform these essential functions of the job with or without reasonable accommodation? YES NO			

QUALIFICATIONS				
	Name and Location of School	Years Attended	Degree	Graduation Date
High School				
College				
Trade, Business or Correspondence School				
What other relevant coursework, skills or additional training do you have that relate to the job for which you are applying?				
What machines or equipment can you operate that relate to the job for which you are applying, if applicable?				

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain:		
I was never in the military.		

REFERENCES Please list three professional references not related to you that you have known at least one year.			
Name	Company	Phone Number	Years Known

(Continued on next page)

WORK HISTORY Start with your present or most recent employment and work back.

Job Title	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? YES NO N/A

Job Title	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties		
Reason for Leaving	Starting Salary	Ending Salary

Job Title	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties		
Reason for Leaving	Starting Salary	Ending Salary

Job Title	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties		
Reason for Leaving	Starting Salary	Ending Salary

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, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, etc.) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date