



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

NOTICE: This information will be used to determine a person's qualifications and abilities without regard to race, color, age, religion, sex, national origin, disability or any other characteristic protected by law. Any item on this form, which you feel tends to be discriminatory, need not be completed. This application will remain active for 30 days.

PERSONAL:

Name _____ Social Security # _____
First Middle Last

Present Address _____
No. and Street City State Zip

Phone: Home: _____ Business: _____
Name of Firm Number

Are you over the age of 18? _____ Are you eligible to work in the United States? _____

Hire is subject to verification that applicant meets legal age and US work permit requirements.

Within the last ten- (10) years, if you have forfeited bond, pleaded guilty or no contest to, been convicted of, or served time for any criminal offense, provide the date, the offense, and the place where such forfeiture plea or conviction occurred. This does not include motor vehicle violations. Providing such information does not automatically disqualify you from employment with this Company.

Nature of Offense	Date	City	County	State

EDUCATION:

Are you a high school graduate? _____ Yes _____ No

Name of School & Address	Course of Study	Did you graduate? Degree?	Total Years
College, Business or Trade School			
Other			

Please describe any other special courses, seminars, training sessions, or professional accomplishments, which have been a part of your overall education: _____

What languages, other than English, are you able to read, speak, or write? (Complete this section only if the job for which you are applying requires bi-lingual abilities.) _____

EMPLOYMENT DESIRED:

Position : _____(must specify) Date you can start: _____

Salary Desired: _____Are you employed now? _____ If so, may we contact your present employer? _____

Are you able to perform the essential functions of the job for which you are applying? ____Yes ____No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, skill and/or agility tests.)

Have you ever applied at this Company before? _____ When? _____ Where? _____

Have you ever worked for this Company before? _____ When? _____ Where? _____

Are you willing to travel? _____What percent of the time? _____Overnight? _____

How did you find out about the position?

_____Advertisement (identify ad, publication, or website) _____

_____Employee referral (name of employee) _____

_____Other (i.e. college recruiting, agency) _____

COMPUTER and OTHER SKILLS:

Please indicate which computer/software or other skills you have and your proficiency level.

1 – no knowledge

2 – beginner's knowledge

3 – basic knowledge

4 – advanced knowledge

5 – expert knowledge

MS Windows		MS Word		Welding		Operate Gauges	
DOS		MS Power Point		Machine Operator		CDL	
MS Excel		MS Outlook		Forklift/Certified?		Other:	
MS NT		MS Front Page		Hand Tools		Other:	
MS Access		MS Windows XP		Measurement Tools		Other:	

List special computer related skills: _____

DRIVER EXPERIENCE AND QUALIFICATIONS (Complete this section only if your job will include driving on the Company's behalf. If hired, a clean MVR and proof or valid driver's license is required as a condition of employment and for our insurance carrier.)

Drivers Licenses	State	License Number	Type	Expiration Date

Please indicate any additional skills or experiences that you feel will be beneficial in the performance of the position for which you are applying: _____

EMPLOYMENT RECORD

List each company for whom you have worked. Start with you most recent or present job and work backward. **Note:** THIS SECTION MUST BE COMPLETED; A RESUME IS NOT A SATISFACTORY SUBSTITUTE. (If additional space is needed, attach a supplementary sheet.)

(1) NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EMPLOYER	EXACT TITLE OF YOUR JOB AND DUTIES PERFORMED
DATES OF EMPLOYMENT (Month, Year) FROM: TO:	REASON FOR LEAVING:
RATE OF PAY: \$ PER	NAME OF SUPERVISOR:

(2) NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EMPLOYER	EXACT TITLE OF YOUR JOB AND DUTIES PERFORMED
DATES OF EMPLOYMENT (Month, Year) FROM: TO:	REASON FOR LEAVING:
RATE OF PAY: \$ PER	NAME OF SUPERVISOR:

(3) NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EMPLOYER	EXACT TITLE OF YOUR JOB AND DUTIES PERFORMED
DATES OF EMPLOYMENT (Month, Year) FROM: TO:	REASON FOR LEAVING:
RATE OF PAY: \$ PER	NAME OF SUPERVISOR:

(4) NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EMPLOYER	EXACT TITLE OF YOUR JOB AND DUTIES PERFORMED
DATES OF EMPLOYMENT (Month, Year) FROM: TO:	REASON FOR LEAVING:
RATE OF PAY: \$ PER	NAME OF SUPERVISOR:

(5) NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EMPLOYER	EXACT TITLE OF YOUR JOB AND DUTIES PERFORMED
DATES OF EMPLOYMENT (Month, Year) FROM: TO:	REASON FOR LEAVING:
RATE OF PAY: \$ PER	NAME OF SUPERVISOR:

REFERENCES

Give the names and addresses of persons, other than friends, relatives and supervisors already listed who have knowledge of your experience and ability.

Name:	Occupation:	Years Known:
Address:		Phone Number:

Name:	Occupation:	Years Known:
Address:		Phone Number:

Name:	Occupation:	Years Known:
Address:		Phone Number:

PLEASE READ CAREFULLY

_____ initial
In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records an/or criminal history. I authorize anyone processing this information to furnish Jenkins Electric Company, the "Company", and/or any third party acting for it with the information, and I release anyone providing such information and the "Company", and/or third party company from any and all liability and damages whatsoever in furnishing, obtaining, or using said information. I further understand that I will be provided a written notice if any adverse action is to be taken in whole or in part based on the consumer reports.

_____ initial
I understand that any offer of employment is subject to and contingent upon successfully passing to the Company's satisfaction, its pre-employment drug test, security investigation, and any other qualifying test it may require.

_____ initial
I have given true and complete information on this application to the best of my knowledge with the understanding that such information will be relied upon in considering my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the immediate termination of my employment. I further agree that the Company shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.

_____ initial
I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Applicant's Signature: _____ **Date Signed:** _____

FOR COMPANY USE ONLY:

INTERVIEWED BY:

COMMENTS:

1. _____
2. _____
3. _____