



**Application for Employment**

Please Answer All Questions Completely and Accurately, by using the Tab key.

Please Print

An Equal Opportunity Employer

*Personal Information*

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Are you at least 18 years of age  Yes  No

Leave Message  Yes  No

If your educational or employment records contain a different name, please indicate your former name and the school(s) or employer(s) involved. \_\_\_\_\_

*Educational Information*

<i>School</i>	<i>Name &amp; Address</i>	<i>Circle Last Year Completed</i>	<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	<i>Degree received</i>
Jr. High		7 8 9	_____	_____		
Sr. High		10 11 12	_____	_____		
College		1 2 3 4	_____	_____		
Business/ Vocational		1 2 3 4	_____	_____		
Other			_____	_____		

*General Information*

1. Why do you think that you would make a valuable employee? \_\_\_\_\_

\_\_\_\_\_

2. Are you willing to work late or night hours? \_\_\_\_\_

3. If your job requires, are you willing to travel? \_\_\_\_\_

4. List position you are applying for. \_\_\_\_\_

5. Expected weekly or hourly rate of pay \$ \_\_\_\_\_

6. Earliest date you can begin to work \_\_\_\_\_

7. Have you ever been convicted of a crime other that a minor traffic violation? \_\_\_\_\_

If so, when \_\_\_\_\_ Where? \_\_\_\_\_ Charge \_\_\_\_\_

8. Are you eligible to work in the United States? \_\_\_\_\_ If not, give alien registration number \_\_\_\_\_

9. Were you referred by an employee? \_\_\_\_\_ If so, who \_\_\_\_\_

10. Do you have any electrical certifications or electrical license? \_\_\_\_\_ If yes please list. \_\_\_\_\_

**Employment and Experience**

<i>Present Employer</i>	<i>Type of Business</i>	<i>Address</i>	<i>Phone Number</i>
<i>Start Date</i> _____ <i>Leave Date</i> _____	<i>Salary</i>	<i>Job Title</i>	<i>Reason for Leaving</i>
<i>Supervisor &amp; Title</i>	<i>May we contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Major Duties</i>	<i>Part Time</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Full time</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Other</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Present Employer</i>	<i>Type of Business</i>	<i>Address</i>	<i>Phone Number</i>
<i>Start Date</i> _____ <i>Leave Date</i> _____	<i>Salary</i>	<i>Job Title</i>	<i>Reason for Leaving</i>
<i>Supervisor &amp; Title</i>	<i>May we contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Major Duties</i>	<i>Part Time</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Full time</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Other</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Present Employer</i>	<i>Type of Business</i>	<i>Address</i>	<i>Phone Number</i>
<i>Start Date</i> _____ <i>Leave Date</i> _____	<i>Salary</i>	<i>Job Title</i>	<i>Reason for Leaving</i>
<i>Supervisor &amp; Title</i>	<i>May we contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Major Duties</i>	<i>Part Time</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Full time</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Other</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Please explain any gap(s) in employment \_\_\_\_\_

**For Office Use Only**

Interviewed By _____	Date _____
References Checked with 1. _____	
2. _____	
3. _____	
Comments _____	
_____	

***Applicants Certification***

I authorize this company to secure any additional information desired in connection with this application from any person, firm, company or institution without liability to any such person, firm, company or institution or to this company.

I also agree, if employed by the Company, to abide by the Company policies, rules and regulations and I further agree that my failure to do so will be sufficient grounds for termination from Company' employment.

I understand and agree that if I am hired; my employment with this Company shall be probationary for a period of 90 days and that during this period I may be discharged with or without cause. I further understand that the probationary period is no way a guarantee of employment for 90 days; furthermore, I understand that if hired, the employment relationship is at will and may be terminated y either party at any time.

I certify that the information that I have provided in this application is true, correct and complete and I fully understand that if I fail to answer, falsely answer or enter misleading answers to any questions, or fail to provide information which might make any of my answers on the applications misleading, that this along may result in a refusal to hire or in my termination if I am hired, and I hereby agree that Lee Electrical, Service Inc. shall not be liable in ay respect if my employment is tetminated or if I am not hired for this reason.

I understand that this application will be valid for a period of 60 days and that after the expiration of 60 days I will need to re-apply for employment if I still desire to work with this Company. I agree that the use of this application does not indicate that there are any positions open and does not in any way obligate this Company.

My Signature states that I have read and fully understand the above certification.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

***EMPLOYMENT DRUG SCREENING POLICY AND AGREEMENT***

The undersigned job applicant acknowledges that he has been informed that Lee's Electric Service, Inc. requires that applicant submit to a urinalysis laboratory screen for controlled substances and drugs to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by the Company. The applicant agrees to submit to such examination and test and herby authorizes release and disclosure of the results to Lee Electrical Service, Inc. The undersigned applicant further acknowledges that test results, which show the presence of a controlled substance or illegal drug, will result in denial or termination of employment. The applicant agrees to sign any documents that may be necessary in order to permit release of and disclosure to the company of any medical examination and /or medical test for controlled substances or drug abuse.

By signing this document, the applicant agrees that, if employed, he/she will abide by the terms of Lee Electrical Service, Inc., policy on Drug Abuse and Controlled Substances.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_