



Notice to applicants and employees:
Screening tests for alcohol and illegal drug use may be required before hiring and during your employment.

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer. All qualified applicants will be considered without regard to race, religious creed, religion, color, national origin, ancestry, disability (mental and physical including HIV and AIDS), medical condition (cancer and genetic characteristics), marital status, sex (includes gender, pregnancy, childbirth, and medical conditions related to pregnancy or childbirth, breastfeeding or medical conditions related to breastfeeding), age (40 and over), sexual orientation, gender, gender identity and gender expression, genetic information, Military and Veteran Status, denial of family and medical care leave, or other condition protected by federal or state law.

Applications for employment remain valid for a period of 30 days. Completing and submitting this application for employment does not mean that you will be called for an interview. If you have not been contacted for an interview after 30 days of submitting this application, you may reapply for employment.

PERSONAL INFORMATION:

Today's Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State
Zip

Mailing Address: _____
(if different than above) Street City State Zip

Home Phone #: _____ **Alternate Phone #:** _____

If related to anyone in our employment, state name and department: _____

Referred by (i.e. newspaper advertisement, BCE employee, etc.): _____

Are you over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you present evidence of U.S. citizenship or proof of your legal right to live and work in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? (a copy of our job descriptions are on file)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the appropriate tools for the job classification you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the military? If Yes, dates served: _____ From (month/year) To (month/year) Type of discharge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any electrical experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many years/months: Commercial _____ Residential _____ Industrial _____ Underground _____	
Are you currently certified? If yes, what is your license #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in a State approved apprenticeship program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Desired

Position: _____	Date you can start: _____
Have you ever applied for employment with this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Where: _____ Date: _____	

Education	Name, City & State	Did you Graduate?	Subjects Studied
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, may we contact your current employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide the following:	
_____	_____
Company	Contact
_____	_____
	Phone #

Former Employers (list below your last four employers, starting with the most current)

Date Month / Year	Name & Address of Employer	Position	Reason For Leaving
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

References (list below the name of three persons not related to you, whom you have known at least 1 year).

Name	Address	Phone #	Years Acquainted
		()	
		()	
		()	

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I authorize investigation of all statements contained in this application. I understand that material misrepresentation of information or omission of facts in this Application for Employment is cause for not being offered employment, or if hired, for termination of employment upon learning of such action.

I understand and agree that, if hired, my employment would be 'at-will' and could be terminated at any time by either party, with or without cause and with or without notice. I further understand that completion of the application does not guarantee that I will be contacted for an interview or hired for the position. I certify that the statements I have made in this application are true, complete and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Interviewed by: _____	Date: _____
Remarks: _____	

Neatness	
Ability	

Hired: _____ For Department: _____ Position: _____ Salary/Hourly: _____