



Application For Employment

phone: (925) 931-0800 fax: (925) 931-0817

Personal Information

Name: _____ date _____ social security number _____

last first middle

Present Address:

street city state zip

Permanent Address:

street city state zip

Phone Number (day): _____

Phone Number (eve): _____

Member of a union? _____

Completed apprenticeship? _____

local number book number position

Name of Spouse: _____

Security:

Have you ever received a security clearance? _____

Is it current? _____

Level of clearance _____

Issuing authority and date _____

Dates of active military service and branch:

Reserves: _____ Active: _____ Inactive: _____

Rank at discharge _____ Highest rank held _____

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

name department referred by

Employment Desired

position date you can start

Applied to this company before?: _____

where when

Work Experience	Number of yrs/mos experience			New Const.	Under Ground	Motor Control	Line Work
	Service Work	Fire/Other Repair	Remodel				
Residential							
Commercial							
Industrial							
Office/Estimates							

Special Skills _____ Welding _____ BackHoe _____ Other: _____

_____ Cable Splicer _____ Heavy Equipment

_____ Lineman _____ High Voltage

YOU NEED NOT COMPETE THIS PORTION UNTIL AFTER EMPLOYMENT

Date of Birth _____ *Age _____ Height _____ Weight _____ Male _____ Female _____

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

U.S. Citizen _____ Temporary Visa _____ Permanent Visa _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

Former Employers (List below the last 4 employers, starting with the last one first.)

Month / Year	Name and city of employer/job	Position			Reason for leaving
		Apprentice	Journeyman	Foreman	
from					
to					
from					
to					
from					
to					
from					
to					

References: Give below the names of 3 persons not related to you, whom you have known at least 1 year

Name	Address	Business	Years Acquainted

Physical Record:

List any physical defects which would affect work desired

Were you ever injured? _____ details _____

Do you have any defects in hearing? _____ in vision? _____ in speech? _____

In case of emergency notify: _____ name _____ address _____ phone _____

* I authorize investigation of all statements contained in the application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date Signature (not required)

Do not write below this line

Interviewed by Date

Remarks _____

Neatness		Character	
Personality		Ability	

Hired For Dept Position Will Report Salary/Wages

Approved _____
Employment Manager Department Head General Manager