

EMPLOYMENT APPLICATION

It is the policy of Northern Valley Electrical Service, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

_____ FIRST NAME		_____ DAYTIME PHONE	_____ EVENING PHONE		
_____ LAST NAME	_____ MI	_____ SOCIAL SECURITY #			
		_____ DRIVER'S LICENSE #		_____ LICENSE STATE	
_____ ADDRESS/STREET	_____ CITY	_____ STATE	_____ ZIP	_____ YEARS AT	

EMERGENCY CONTACT

Who should be contacted if you are involved in an emergency?

_____ CONTACT NAME		_____ ADDRESS/STREET			
_____ DAYTIME PHONE	_____ EVENING PHONE	_____ CITY	_____ STATE	_____ ZIP	
_____ RELATIONSHIP TO YOU					

POSITION

_____ JOB POSITION APPLYING FOR		_____ HAVE YOU APPLIED TO US BEFORE? IF YES, WHEN?			
_____ WHO REFERRED YOU TO US?		ARE YOU AT LEAST 18? ___ YES ___ NO			

POSITION (CONT'D)

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? YES NO

IF NO, PLEASE STATE ANY LIMITATIONS: _____

IF APPLICABLE, ARE YOU AVAILABLE TO WORK OVERTIME? YES NO

IF OFFERED EMPLOYMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

EMPLOYMENT HISTORY

Please list your most recent employment first.

 EMPLOYER NAME ADDRESS

 SUPERVISOR NAME CITY STATE ZIP

 START DATE END DATE

 JOB DUTIES

 REASON FOR LEAVING

 EMPLOYER NAME ADDRESS

 SUPERVISOR NAME CITY STATE ZIP

 START DATE END DATE

 JOB DUTIES

 REASON FOR LEAVING

EMPLOYMENT HISTORY (CONT'D)

EMPLOYER NAME	ADDRESS		
SUPERVISOR NAME	CITY	STATE	ZIP
	START DATE	END DATE	
JOB DUTIES			
REASON FOR LEAVING			

EDUCATION AND TRAINING

COLLEGE/UNIVERSITY	ADDRESS		
	DEGREE RECEIVED		
HIGH SCHOOL/GED NAME	ADDRESS		
DID YOU RECIEVE A DIPLOMA OR GED CERTIFCATE?	___ YES	___ NO	

OTHER TRAINING (GRADUATE/TECHNICAL/VOCATIONAL)

AWARDS, HONORS, SPECIAL ACHIEVEMENTS

HAVE YOU SERVED IN THE MILITARY? ___ YES ___ NO

IF YES, WHAT BRANCH? WHAT SPECIAL TRAINING DID YOU RECEIVE?

REFERENCES

Please list any two people who would be willing to provide a reference for you.

FIRST REFERENCE:

SECOND REFERENCE:

NAME

NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

RELATIONSHIP

TELEPHONE

RELATIONSHIP

TELEPHONE

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Northern Valley Electrical Service, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

BY SIGNING, I CERTIFY THAT I HAVE CAREFULLY READ THE ABOVE STATEMENT AND AGREE TO IT'S TERMS.

SIGNATURE

DATE