

# Application For Employment

ELECTRICAL SOLUTIONS, INC.  
P.O. Box 268  
Mt. Airy, MD 21771

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date. \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly rate/salary		
	Job Title	Supervisor			
Reason for Leaving					
2	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly rate/salary		
	Job Title	Supervisor			
Reason for Leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly rate/salary		
	Job Title	Supervisor			
Reason for Leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly rate/salary		
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


# Education

	Elementary School	High School	Undergraduate College/ University	Graduate/Professional
School Name and Location				
Years Completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized Training, apprenticeship, Skills and extra-curricular Activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

<b>Indicate any foreign languages you can speak, read and/or write.</b>			
	FLUENT	WELL	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>List professional, trade, business or civic activities and offices held.</p> <p><b>You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</b></p>

## References

<p>Give name, address and telephone number of three references who are not related to you and are <u>not</u> previous employers.</p>
1.
2.
3.

Have you ever had any job-related training in the United States military?  Yes  No

If yes, please describe:
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Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes  No

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_