



An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Employees of Elmstar Electric Corporation and applications shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, sexual orientation, gender, genetic information or age

P E R S O N A L	Last Name                      First                      Middle			Application Date:
	Street Address			Home Telephone
	City, State, Zip			Cell Phone
	Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, Month and Year: _____			Email Address:
	Position Desired			Pay Expected:
	Are you willing to travel up to one hour on your own time to get to a Jobsite? <input type="checkbox"/> YES <input type="checkbox"/> NO			Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO   If NO, what hours can you work? _____			When will you be available to begin work?
	CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you at least eighteen years of age?  <input type="checkbox"/> YES <input type="checkbox"/> NO
	(In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the US.)			Driver's License Number
	How did you find out about this employment opportunity?  Newspaper      Employment Website      Agency Bulletin      Other			If hired, are you willing to submit to and pass a controlled substance test?  <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you a veteran of the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what branch? _____  Dates Served: Start _____ Finish _____			Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  <input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been convicted of a felony, for any violation(s) of law, including moving traffic offenses? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide the following: Description of Offense, Date of Charge, Date of Conviction, and County, City, State of Conviction.			
	<i>(Elmstar Electric Corporation may refuse to hire an applicant on the basis of a conviction only if the circumstances of the conviction(s) substantially relate to the position applied for. Each job and record will be considered individually.)</i>			

E D U C A T I O N	Type of School	Name and Location	Years Completed	Major Course of Study	Graduated?	Degree
	HIGH SCHOOL				[ ] YES [ ] NO	
	COLLEGE/ UNIVERSITY				[ ] YES [ ] NO	
	GRADUATE SCHOOL				[ ] YES [ ] NO	
	TECHNICAL/ BUSINESS				[ ] YES [ ] NO	

## EMPLOYMENT HISTORY

Starting with the most recent, describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge, skills and abilities, which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization separately.

<b>1</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

<b>2</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

<b>3</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

<b>4</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

<b>5</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

<b>6</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

<b>7</b>	Company Name	Telephone
	Address	Employed (State Month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Finish: _____
	Job Title	Reason for Leaving
	Describe Your Work	

We May Contact the Employers listed above unless you indicate those you do not wish us to contact.	<b>DO NOT CONTACT</b>	
	Employer Number (s)	Reason

