

We consider applicants for all positions without regard to race, color, religion, creed, gender, gender identity, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT OR TYPE)

APPLICANT PERSONAL INFORMATION			DATE
Last Name	First Name	Middle Name	
Street Address (Home)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Phone (Mobile)	Phone (Home)	Email Address	
Are you 18 years of age? (Those under 18 are required to show school & parent/guardian authorization for eligibility to work)			<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION			
How did you learn about Tradesmen Electric?	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Website	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____
Have you ever <u>filed an application</u> with Tradesmen Electric before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	Do any friends or family work for Tradesmen Electric? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever <u>worked</u> for Tradesmen Electric before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	If so, list name / relationship:
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	DATE available for work
Position you are applying for:			Desired Salary?
I certify that I am a U.S citizen, permanent resident, or a foreign national with authorization to work in the United States.			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Upon consideration for employment a back-ground check will be ran			

EDUCATION & EXPERIENCE			
High School Name	Address	Diploma / GED / Years Completed	
College/ Trade School Name	Address	Diploma / GED / Years Completed	
OTHER	Address	Diploma / GED / Years Completed	
Do you currently have a state-issued Electricians Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what state(s)?	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> Apprentice
How many months/years have you worked with an apprentice or journeyman card (total)?	Do you have CPR or any other special safety certification?	<input type="checkbox"/> CPR <input type="checkbox"/> Other _____	
MILITARY SERVICE (if applicable)			
Branch	Rank at Discharge	Type of Discharge	
From	To		

REFERENCES				
List 3 professional references who are familiar with your qualifications, experience, work history, etc.				
Full Name	Company	Relationship	Phone	Email

DRIVING QUALIFICATIONS & EXPERIENCE						
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	STATE	License #	Expiration	Did you operate DOT regulated vehicles at your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a CDL endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out CDL portion below.
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				
Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE			
DATE	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)			
DATE	LOCATION	Charge	Penalty

CDL ENDORSEMENT INFORMATION (if applicable)				
Class of Equipment	Type of Driving (highway, off-road)	Dates (from – to)	List states operated in for the last 5 years	
Dump Truck			Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Truck & Trailer				
Heavy Haul, Lowboy			If yes, explain:	
Other				

PREVIOUS EMPLOYMENT			
Start with your present job first. Include any job-related military service assignments and volunteer activities.			
Company Name	Address	Phone	Supervisor
Job Title			May we contact previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	Responsibilities	
Reason for Leaving			
What did you like MOST about this job?			
What did you like LEAST about this job?			
Company Name	Address	Phone	Supervisor
Job Title			May we contact previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	Responsibilities	
Reason for Leaving			
What did you like MOST about this job?			
What did you like LEAST about this job?			

Company Name	Address	Phone	Supervisor
Job Title			May we contact previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	Responsibilities	
Reason for Leaving			
What did you like MOST about this job?			
What did you like LEAST about this job?			
Company Name	Address	Phone	Supervisor
Job Title			May we contact previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	Responsibilities	
Reason for Leaving			
What did you like MOST about this job?			
What did you like LEAST about this job?			

ESSENTIAL FUNCTIONS FOR THIS JOB	Indicate with your initials that you have read, understand, and agree to these functions ↓
Stamina: The ability to exert yourself physically over long periods of time without getting winded or out of breath.	INITIALS
Trunk Strength: The ability to use your abdominal and lower back muscles to support part of the body repeatedly or continuously over time without "giving out" or fatiguing.	INITIALS
Static Strength: The ability to exert maximum muscle force to lift, push, pull or carry objects.	INITIALS
Arm/Hand Steadiness: The ability to quickly move your hand together with your arm, or your two hands to grasp, manipulate or assemble objects.	INITIALS
Selective Attention: The ability to concentrate on a task over a period of time without being distracted.	INITIALS
Team Work: The ability to work alongside others as a team or alone without supervision.	INITIALS

Out of Town Work: The ability to travel out of town for work for multiple days	INITIALS
Can you with, or without, reasonable accommodation perform the essential functions of this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLAIMER and SIGNATURE		Indicate with your initials that you have read, understand, and agree to these disclaimers ↓
I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed.		INITIALS
I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.		INITIALS
I understand that the information that has been provided in this application may be used and prior employers may be contacted for the purpose of investigating my background as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.		INITIALS
I will be responsible for familiarizing myself with all rules and regulations of Tradesmen Electric, Inc. as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Tradesmen Electric, Inc., or at my option, without notice, at any time, in accordance with employment law.		INITIALS
I understand that no representative of Tradesmen Electric, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms, and conditions of employment, except as specifically stated in a currently written agreement signed by the President.		INITIALS
This authorization and request includes, but is not limited to documents, records or files regarding any charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed.		INITIALS
I understand that I may be asked to take a drug test as a condition of hire or employment, and that any refusal to do so or a dissatisfactory test result may result in my not being hired – or termination, as appropriate.		INITIALS
Name	Signature	Date
This application is valid for only 90 days from the date I signed. If I want to be considered for job openings more than 90 days from the date signed, I will submit a new application. A photocopy of this application shall be valid as the original.		