



Employment Application

Personal Information

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ - _____ - _____ Email Address: _____

DOB: ____/____/____ SSN: _____ - _____ - _____

Employment Information

Citizenship/Work Status: ☐ U.S Citizen ☐ Green Card Holder ☐ U.S. Work Permit/Visa

Current Employer: (if any) _____

Years of Work Experience **directly related** to the position you are applying for: _____

Employment Type Desired: ☐ Full – Time ☐ Part - Time

Desired Compensation: \$ _____ ☐ Hourly ☐ Salary

Other Compensation Desired: _____

When are you available to start work? _____

Education

Type of School	Name of School	Location	Years Completed	Major & Degree
High School				
College/University				
Business/Trade School				
Professional School				

Criminal History

Have you ever been convicted of a felony or misdemeanor (except any minor traffic violations)? ☐ No ☐ Yes

If yes, please explain and attach any relevant documentation. _____



Employment Application

Driver's License Information

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have reliable transportation to work (please be specific)? _____

Driver's License Number: _____ State of Issue: _____

☐ Operator ☐ Commercial Do you have a clean driving record? ☐ Yes ☐ No

List any Moving Violations and/or Accidents from the last 3 years: _____

Military Service

Have you ever been in the Armed Forces? ☐ Yes ☐ No Branch: _____

Are you currently a member of the National Guard or Reserves? ☐ Yes ☐ No

Specialty: _____ Date Entered: _____ Discharge Date: _____

Work Experience

Please list your work experience for the past 5 years beginning with your most recent job.

If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

Name of Employer:	Name of Supervisor	Employment Dates	Pay or Salary
Address with City/State/Zip:		From To	Start Final
	Your last job title		
Phone:			

Specific reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact this employer? ☐ Yes ☐ No



Employment Application

Name of Employer:	Name of Supervisor	Employment Dates	Pay or Salary
Address with City/State/Zip:		From To	Start Final
	Your last job title		
Phone:			

Specific reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact this employer? ☐ Yes ☐ No

Name of Employer:	Name of Supervisor	Employment Dates	Pay or Salary
Address with City/State/Zip:		From To	Start Final
	Your last job title		
Phone:			

Specific reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact this employer? ☐ Yes ☐ No



Employment Application

Electrical Industry Skills Sections Instructions: ONLY select the specific industry skills that you consider yourself to be very knowledgeable about, with a high level of competency.

Electrical Industry Skills

What types of systems have you worked with? (Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Access Control | <input type="checkbox"/> Hydraulic Systems | <input type="checkbox"/> Radio – RF |
| <input type="checkbox"/> Building Management | <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Security Systems |
| <input type="checkbox"/> CCTV | <input type="checkbox"/> Manufacturing Equipment | <input type="checkbox"/> Signaling Systems |
| <input type="checkbox"/> Climate Control | <input type="checkbox"/> Medium Voltage | <input type="checkbox"/> Solid State |
| <input type="checkbox"/> Data | <input type="checkbox"/> Overhead Cranes | <input type="checkbox"/> Street & Highway Lighting |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Pneumatic Systems | <input type="checkbox"/> Traffic Signaling |
| <input type="checkbox"/> Emergency Critical Load (computer) Distribution Systems | <input type="checkbox"/> Power Distribution | <input type="checkbox"/> Transistorized Subsystems |
| <input type="checkbox"/> Fire Systems | <input type="checkbox"/> Voice/Telecom | |
| <input type="checkbox"/> High Voltage | | |

What types of wiring have you worked with? (Select all that apply)

- | | | | | | |
|------------------------------|-------------------------------|----------------------------------|--------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 120 | <input type="checkbox"/> 4160 | <input type="checkbox"/> Cat6 | <input type="checkbox"/> Fiber Optic | <input type="checkbox"/> Phone | |
| <input type="checkbox"/> 240 | <input type="checkbox"/> 480 | <input type="checkbox"/> Coaxial | <input type="checkbox"/> Conduit EMT | <input type="checkbox"/> RGID | <input type="checkbox"/> ROBOY |

What specific parts, accessories, or fixtures have you worked with? (Select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> 3-Way Switch | <input type="checkbox"/> Fuses | <input type="checkbox"/> Receptacles – ALL Types |
| <input type="checkbox"/> 9 Lead Motors | <input type="checkbox"/> Generators | <input type="checkbox"/> Relays |
| <input type="checkbox"/> AC Systems | <input type="checkbox"/> Halogen Lighting | <input type="checkbox"/> Retro Fits |
| <input type="checkbox"/> Attic Fans | <input type="checkbox"/> Intercoms | <input type="checkbox"/> Transformers |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> LED Lighting Fixtures | <input type="checkbox"/> UF Cable |
| <input type="checkbox"/> Conduit Pipe | <input type="checkbox"/> Lighting Fixtures – Surface Mount | <input type="checkbox"/> Underground Splicing |
| <input type="checkbox"/> Conduit Pipe | <input type="checkbox"/> Lighting Fixtures - Recessed | <input type="checkbox"/> Under-slab Conduit |
| <input type="checkbox"/> DC Systems | <input type="checkbox"/> Load Centers | <input type="checkbox"/> Variable Frequency Drive |
| <input type="checkbox"/> Control Panel | <input type="checkbox"/> Motor Control | <input type="checkbox"/> Wall Switch |
| <input type="checkbox"/> Dimming Controls | <input type="checkbox"/> Panel Boards | |
| <input type="checkbox"/> Electrical Switchgear Assemblies | <input type="checkbox"/> PLC | |

Electrical Industry Skills Continued

What Applications do you have experience with? (Select all that apply)

- | | | | | |
|--------------------------------------|--|--|---|---------------------------------------|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Floating Floor | <input type="checkbox"/> Industrial | <input type="checkbox"/> Multi - Family | <input type="checkbox"/> Residentials |
| <input type="checkbox"/> Clean Rooms | <input type="checkbox"/> Government Projects | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Off – Shore | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Hospitals/Medical | <input type="checkbox"/> Marine | <input type="checkbox"/> Public Utilities | |

What Job Functions have you performed? (Select all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Activity Reporting | <input type="checkbox"/> Expense Reports | <input type="checkbox"/> Presentation Preparation | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Activity Tracking | <input type="checkbox"/> Fabricating | <input type="checkbox"/> Preventative Maintenance | <input type="checkbox"/> Supervision |

Employment Application

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Advertising (broadcast) | <input type="checkbox"/> Facility Manager | <input type="checkbox"/> Product Demonstration | <input type="checkbox"/> Take-Offs |
| <input type="checkbox"/> Advertising (online) | <input type="checkbox"/> Field Supervisor | <input type="checkbox"/> Production | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Advertising (print) | <input type="checkbox"/> Forecasting | <input type="checkbox"/> Production Specialist | <input type="checkbox"/> Telemarketing - Inbound |
| <input type="checkbox"/> Air Hammer Operation | <input type="checkbox"/> Foreman | <input type="checkbox"/> Project Management | <input type="checkbox"/> Telemarketing – Outbound |
| <input type="checkbox"/> ANSI | <input type="checkbox"/> General Construction | <input type="checkbox"/> Project Scheduling | <input type="checkbox"/> Territory Management |
| <input type="checkbox"/> Appliance Installation | <input type="checkbox"/> General Manager | <input type="checkbox"/> Promotions Development | <input type="checkbox"/> Test Meter Operation |
| <input type="checkbox"/> Assembling | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Proposal Development | <input type="checkbox"/> Tracing Short Circuits |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> IEEE | <input type="checkbox"/> Proposal Presentation | <input type="checkbox"/> Training |
| <input type="checkbox"/> Building Codes | <input type="checkbox"/> Inspector | <input type="checkbox"/> Prospecting/Lead Generation | <input type="checkbox"/> Troubleshooting |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Install Conduit | <input type="checkbox"/> Punch List | <input type="checkbox"/> Using Ammeters |
| <input type="checkbox"/> Call Center Management | <input type="checkbox"/> Installation | <input type="checkbox"/> Purchase Orders | <input type="checkbox"/> Using Ohmmeters |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Installation – New Construction | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Using Oscilloscopes |
| <input type="checkbox"/> Change Orders | <input type="checkbox"/> Instructor | <input type="checkbox"/> Quality Assurance/Control | <input type="checkbox"/> Using Voltmeters |
| <input type="checkbox"/> Channel Development | <input type="checkbox"/> International | <input type="checkbox"/> Read Blueprints | <input type="checkbox"/> Vendor Coordination |
| <input type="checkbox"/> Client Interaction | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Read Schematics | <input type="checkbox"/> Wiring-Connecting |
| <input type="checkbox"/> Client/Account Management | <input type="checkbox"/> Journeyman | <input type="checkbox"/> Report Generation | <input type="checkbox"/> Wiring-Installation |
| <input type="checkbox"/> Cold Calling | <input type="checkbox"/> Layout | <input type="checkbox"/> Reporting | <input type="checkbox"/> Wiring-Testing |
| <input type="checkbox"/> Commission Development | <input type="checkbox"/> Lead Generation | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Computer Literate | <input type="checkbox"/> Lead Management | <input type="checkbox"/> Rewire Structures | |
| <input type="checkbox"/> Conduit Benders | <input type="checkbox"/> Leadership | <input type="checkbox"/> Rough-In | |
| <input type="checkbox"/> Connect Wires | <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Run Wiring in Conduits | |
| <input type="checkbox"/> Consultative Selling | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Run Wiring Underground | |
| <input type="checkbox"/> Contract Negotiations | <input type="checkbox"/> Maintenance - Apartment | <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Contract/Proposal Preparation | <input type="checkbox"/> Manager | <input type="checkbox"/> Safety Coordinator | |
| <input type="checkbox"/> Conventions/Trade Shows | <input type="checkbox"/> Manufacturer Rep | <input type="checkbox"/> Sales | |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Market Analysis | <input type="checkbox"/> Sales - In Home | |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Material Handler | <input type="checkbox"/> Sales - Retail | |
| <input type="checkbox"/> Department Forecasting | <input type="checkbox"/> National Electrical Code | <input type="checkbox"/> Sales - Wholesale | |
| <input type="checkbox"/> Design/Build | <input type="checkbox"/> NEC Standards | <input type="checkbox"/> Sales – Residential | |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Negotiate Contracts | <input type="checkbox"/> Sales Management, Area | |
| <input type="checkbox"/> Develop Relationships/Alliances | <input type="checkbox"/> NETA | <input type="checkbox"/> Sales Management, National | |
| <input type="checkbox"/> Dispatching | <input type="checkbox"/> OEM | <input type="checkbox"/> Sales Management, Regional | |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Operate Power Tools | <input type="checkbox"/> Sales Training Development | |
| <input type="checkbox"/> Draftsman | <input type="checkbox"/> Operations Manager | <input type="checkbox"/> Service | |
| <input type="checkbox"/> Driving | <input type="checkbox"/> P&L | <input type="checkbox"/> Service Agreements | |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Plan-O-Grams/Schematics | <input type="checkbox"/> Shipping Coordination | |
| <input type="checkbox"/> Drywall Repair | <input type="checkbox"/> Plan/Spec | <input type="checkbox"/> Shipping/Receiving | |
| <input type="checkbox"/> Electrical Compatibility | <input type="checkbox"/> Planning | <input type="checkbox"/> Sizing Wires/Cables | |
| <input type="checkbox"/> Engineer/PE | <input type="checkbox"/> Policy/Procedure Development | <input type="checkbox"/> Soldering | |
| <input type="checkbox"/> Estimator | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Staffing | |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Prepare Financial Reports | <input type="checkbox"/> Strategic Alliance | |
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[illegible]



Employment Application

Professional References

Please list 3-4 people you have worked with who can attest to your On-the-Job experience and performance.

Name _____

Position _____

Company _____

Telephone () _____

Email Address _____

Name _____

Position _____

Company _____

Telephone () _____

Email Address _____

Name _____

Position _____

Company _____

Telephone () _____

Email Address _____

Name _____

Position _____

Company _____

Telephone () _____

Email Address _____

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did? _____



Employment Application

AGREEMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Gibson Electrical LLC. creates an actual or implied contract of employment. I understand that, if I accept employment with Gibson Electrical LLC., it will be on an at-will basis. This means that either Gibson Electrical LLC. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Gibson Electrical LLC. I release Power Gibson Electrical LLC., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Gibson Electrical LLC. to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Gibson Electrical LLC. and its employees from all liability arising from such investigation.

Signature of Applicant: _____ Date: ____/____/____

Print Name: _____

Gibson Electrical LLC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Power Systems Electric Corporation depends solely on your qualifications.