H&H Electric, Inc. 102 Pegram Lane

Fredericksburg, Va 22408
Phone (540) 891-0100 Fax (540) 891-0264 Email hhinc@hhelectricinc.com

Employment Application

Date interviewed:	Hire	Date:	X/		
Hired By:	Rate	of Pay:			
Position applied for:	Today's D	nte:			
Name:	Birth Date:				
Address:	Dirai Date.				
Phone Number:	Number: Alternate Number:				
Social Security Number:	Driver's License Number:				
Have you ever applied to H&H Electric, Inc. before:		Yes	No		
Are you currently employed?		Yes	No		
If no, please provide date released:					
If yes, may we contact your present employ	er?	Yes	No		
Date you can start work:					
Can you work overtime (which may include weekends	s)?	Yes	No		
Are you available for:		Full-Time	Part-Time		
Are you on lay off status and subject to recall?		Yes	No		
Do you have a current and valid driver's license?		Yes	No		
Do you have transportation to and from work?		Yes	No		
Can you travel if the job requires it?		Yes	No		
Have you ever been convicted of a felony?		Yes	No		
If yes, please explain and provide dates:		A COMPLETE OF THE STREET OF THE STREET			
Are you physically or otherwise unable to preform the If yes, please explain:					
State any additional information or experience you ma					
Describe any specialized training, apprenticeships, ski	ills, and/or hor	ors required:			
Educat	<u>ion/Mil</u>	<u>itary</u>			
High School: Last gr					
College: Did you		Subject or study:			
# of years attended: Did voi	u graduate:		Year:		
Trade school or vocational school name:	amdusta.		Veor		
Subject or study: Did you	giauuale.		ı cai.		
• U.S. Military: Branch: Rank:		Active or Reserve	:		

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Employment History

Start with your present or previous job

• Employer:		Telephone Number:				
Address:						
Job Title:		Starting Pay:	Ending Pay:			
Job Description:						
Dates Worked:	to	Reason for Leaving:				
• Employer:		Telephone Number:				
Address:						
Job Title:			Ending Pay:			
Job Description:		<i>g</i> -				
Dates Worked:	to	Reason for Leaving:				
• Employer:		Telephone Number:				
Address:						
Job Title:		Starting Pay:	Ending Pay:			
Job Description:						
Dates Worked:	to	Reason for Leaving:				
References						
•Name:		Phone N	lumber:			
Address:						
Years Known:	-	Relationship:				
•Name:						
Address:						
Years Known:	_	Relationship:				
DRUG FREE W	ORK PLA	CE POLICY NOT	TICE TO JOB APPLICANTS.			
It is our policy that all employees are prohibited from the unlawful manufacture, distribution, dispensation, possession, or use						
of a controlled substances including alcohol in the work place as well as remote job sites. Drug and alcohol testing will occur						
before employment and after every job related accident; Benefits will be denied if tests are positive. Testing shall also occur if						
there is reasonable suspicion. The following drugs will be tested for under our company policy: alcohol, cocaine, depressants,						
barbiturates, marijuana (cannabis), narcotics, heroin, and stimulants. Any employee violating this policy will be subject to						
immediate discharge. Clients and employees who do not understand this policy should contact human resources for						
clarification immediately. I, have thoroughly read and understand the drug free work place policy. I						
understand this as a condition of						
I also state that everything on thi	e annlication is to	a to the heet of my knowledge	۵			
1 also state that everything off the	s аррисацон is tru	ie to the best of my knowledge	С.			
Signature:		Printed Name:	Date:			