



Application For Employment

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date _____

Position Sought: _____

How did you learn about the position? _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

Are you interested in applying for an electrical apprenticeship now or in the future? [] Yes [] No

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Age if under 18: _____

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Years Attended	Degree Received (If Applicable)	Major (If Applicable)

Other training, certifications, or licenses held: _____

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____

Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____ Job Title _____

Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____



3. Employer _____ Job Title _____
 Dates Employed _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

4. Employer _____ Job Title _____
 Dates Employed _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

Do you have a valid driver's license? _____ Type of driver's license: _____
 If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after hiring decision is made)? YES I NO
 Have you been given a job description or had the requirements of the job explained to you? YES NO
 If yes, do you understand the requirements? YES NO
 Can you perform the requirements of this job with or without reasonable accommodation? YES NO
 Have you had safety training for electrical work? YES NO

Please list any other qualifications which you have and which you believe would be important for consideration by Lindquist Electric:

ACKNOWLEDGMENT AND AUTHORIZATION

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.
 Lindquist Electric, Inc. does not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to an application. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position he or she desires with this Company. The Company will make reasonable accommodations to aid handicapped applicants or employees fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of 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