



"An Energy Wise Company"

## APPLICATION FOR EMPLOYMENT

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

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell-Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Drivers License's #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a Felony or Misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever or currently a member of a union \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, what union) \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Proof or citizenship or immigration status will be required upon employment.*

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you or have you carried an electrical license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have Apprenticeship education and training \_\_\_\_\_ Yes \_\_\_\_\_ No

What Level of Apprenticeship Education did you complete? \_\_\_\_\_

Do you have an OSHA Card? \_\_\_\_\_ Yes \_\_\_\_\_ No

OSHA 10 \_\_\_\_\_ OSHA 30 \_\_\_\_\_ Year received \_\_\_\_\_

Have you received First Aide/C.P.R. certification? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of certification \_\_\_\_\_

Do you have hand tools? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have reliable transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

**EDUCATION:**

High School Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Diploma: Yes or No

Undergraduate College Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed & What Year?: \_\_\_\_\_ Degree: Yes or No

Have you ever signed a non-compete and/or a non-solicit agreement or contract with any employer?

Yes or No

If yes, please explain in

detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use back of application if you need additional space



"Your Energy *Wise* Company"

## APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

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.

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 the 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 in 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.

We are an active participant in the Drug Free Workplace Program; therefore all applicants will be required to undergo a post-offer, pre-employment medical examination and a drug screen/test that is conducted by authorized medical personnel.

Low Voltage Specialists, Inc. will submit a Criminal Background Check at the state and national level for all applicants prior to an offer of employment.

(  ) I agree to the terms listed above and consent to a Criminal Background Check and Drug Screening prior to employment

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**Print Full Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_