

First Choice Electrical & Security

New Jersey State License and Permit # 17374

Application for Employment & Authorization to Release & Investigate Personnel Records

If you need help filling out this application for purposes of the employment process, please inform the individual that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process, or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A criminal conviction will not necessarily bar an applicant from employment. Qualified applications may request affirmative action hiring.

Date of Application: _____

***** GENERAL INFORMATION *****

Name: _____
Last First Middle Initial

Social Security Number: _____ Date Of Birth: _____
Month Day Year

Home Phone: _____ Work Phone: _____

Email Address: _____

If you are applying for a position that requires you to drive for company business, you will be required to provide a valid driver's license.

Driver's License #: _____ State Where Issued: _____

Current Address: _____
Street City State Zip Code

Prior Address: (if less than 5 years at current address)

Street City State Zip Code

In case of emergency, notify: _____
Name Relationship Phone #

Are you legally entitled to work in the US? _____ Yes _____ No

Have you used any names or social security numbers other than those on this page? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No (if no, please provide copy of work permit)

Have you been convicted of a crime in the past seven years? _____ Yes _____ No

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

	Incident	City/State	Charge
1.	_____	_____	_____
2.	_____	_____	_____

■ P.O Box 5 Sayreville NJ 08872

■ Phone 888-*308-3879 ■

***** AVAILABILITY *****

For which position are you applying? _____

What date can you start? _____

What category would you prefer? _____ Full Time _____ Part time _____ Temporary

For which schedules are you available? _____ Weekdays _____ Weekends _____ Evenings

***** EDUCATION *****

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15+

School, Address and course of study

High school: _____ Did you graduate? ____ Yes ____ No

If no, state last year attended: _____

College: _____ Did you graduate? ____ Yes ____ No

If no, state last year attended: _____

Graduate school: _____ Did you graduate? ____ Yes ____ No

If no, state last year attended: _____

Other (please specify): _____

If in school, please list your class schedule:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

***** EMPLOYMENT HISTORY *****

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact your previous employers, the correct telephone numbers of past employers are critical.

Most Recent Employer

1. Company Name: _____ From: _____ To: _____

Position: _____ Salary: _____ Per (year / hr / wk / month)

Duties: _____

Supervisor: _____ Phone: _____

May we contact? ____ Yes ____ No Reason for leaving: _____

2. Company Name: _____ From: _____ To: _____

Position: _____ Salary: _____ Per (year / hr / wk / month)

Duties: _____

Supervisor: _____ Phone: _____

May we contact? Yes No Reason for leaving: _____

3. Company Name: _____ From: _____ To: _____

Position: _____ Salary: _____ Per (year / hr / wk / month)

Duties: _____

Supervisor: _____ Phone: _____

May we contact? Yes No Reason for leaving: _____

***** **JOB RELATED SKILLS** *****

****NOTE : Do not fill out any part of this section you believe to be non-job related****

List languages in which you are fluent: _____

If the job requires, do you have the appropriate valid driver's license? Yes No

Have you had any moving violations? Yes No

Please describe: _____

Please list any other skills, licenses, or certificates that may be job related or that you feel would be of value to this job or company:

***** **PROFESSIONAL REFERENCES** *****

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of the past employers are critical. (Include only individuals familiar with your work ability. Do not include relatives.)

	Name	Address/Phone	Years Known/Relationship
1.	_____	_____	_____

2.	_____	_____	_____
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CERTIFICATION AND RELEASE AUTHORIZATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given to me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer-reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damagers whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various states, and private resources, along with other public records available. I release First Choice Electric LLC from any claim in the event information about me is made public.

If you need accommodation, you must notify in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in the loss of your legal rights.

I HEREBY AUTHORIZE WITHOUT RESERVATION ANY LAW ENFORCEMENT AGENCY OR EMPLOYER CONTACTED BY First Choice Electric LLC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I further acknowledge that a fax or photographic copy shall be as valid as the original. This release includes all state.

I agree that if employed, my employment is "at will" that is, the company may terminate my employment at any time, without cause and without notice. No employee or representative of the company has the authority to make an exception to the Company's "at will" policy, except the president and only then by written agreement, signed by the president, which specifically states the written agreement is an exception to the company's "at will" policy. I have no other exceptions.

Date: _____ Signature: _____

The following must be filled out completely for your application to be considered. (Please Print)

Last Name: _____ First Name: _____ Middle Initial _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Driver's License Number: _____ State where issued: _____