



## Job Application

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

### Personal Information:

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

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date: \_\_\_\_\_

Are you eligible to work in the U.S.? Yes \_\_\_ No \_\_\_

If you are under age 18, do you have an employment/age certificate? Yes \_\_\_ No \_\_\_

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

### POSITION/AVAILABILITY:

Position Applied For: \_\_\_\_\_

Days/Hours Available:

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_ Can you work late when asked? \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

### EDUCATION:

Name and Address of School- Degree/Diploma- Graduation Date

\_\_\_\_\_  
\_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please Complete Both Sides**

**EMPLOYMENT HISTORY:**

**Present or Last Position:**

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Previous Position:**

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Provide 3 Character References:**

Name/Title/ Address/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driving History/Current Tickets:**

\_\_\_\_\_

I certify that the information contained in this document is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return by mail, fax or e-mail to:  
Precision Electrical Systems  
17612 E Sprague Ave. Spokane Valley, WA  
Fax (509)924-4336 e-mail: [admin@wireforyou.com](mailto:admin@wireforyou.com)