



APPLICATION FOR EMPLOYMENT

An equal opportunity employer

PERSONAL INFORMATION

FULL LEGAL NAME (as it appears on your social security care)			DATE	
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS (if different)		CITY	STATE	ZIP
PERSONAL PHONE	BUSINESS PHONE	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DESIRED EMPLOYMENT

POSITION APPLYING FOR		DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYEED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you available to work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you available to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU WANT: Regular full-time work		Regular part-time work: Hours _____ to _____	
Temporary work: From (dates) _____ to _____			
IF HIRED: Can you present evidence of your legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Would you have a reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO REFERRED YOU TO THIS COMPANY?			
<input type="checkbox"/> Ad for job opening	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend/Family (Name) _____	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Unemployment Office	<input type="checkbox"/> Employee (Name) _____	

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

<p>Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.)</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL/ BUSINESS			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

All employees shall be able to perform physical and environmental requirements:

1. The ability to walk or stand for extended periods of time on the job.
2. The ability to lift up to 100 lbs.
3. The ability to perform repetitive stooping, forward bending, and crouching.
4. The ability and willingness to travel extensively.
5. The ability to perform essential job functions in a field setting with exposure to non-climate controlled conditions.
6. The ability and willingness to withstand heights and to work in cramped working conditions.

Manual Dexterity:

1. The ability to use hands, arms and feet for repetitive lifting.
2. The ability to use hands and arms to operate various hand and power tools, and to record written information.
3. The ability to perceive color to distinguish color coded wiring components.

NCESI is a drug-free workplace. All employees will be subject to a drug screening pre-employment and if the employee is injured he or she will be required to be re-tested at the medical facility. Upon receiving a negative result and doctor's clearance they may return to work.

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
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NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
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DESCRIPTION OF JOB DUTIES			
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JOB TITLE	START DATE	LEAVE DATE	
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SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY
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CONVICTIONS

<p>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)? (Note: Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Convictions will not necessarily disqualify an applicant for employment.)</p> <p>IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).</p> <p>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applies for may, however, be considered.)</p>

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – Read and initial each paragraph, then sign below:

_____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organizations referenced in this application to give the NCESI any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such liability for any damage that may result from furnishing such information. I authorize NCESI to request and receive such information.

_____ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the NCESI it will be on an "at-will" basis. This means that either I or the NCESI may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the NCESI is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the NCESI I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the NCESI.

_____ **SEARCH OF PUBLIC RECORDS:** Should a search of public records-including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment-be conducted by internal personnel employed by the NCESI, I am entitled to copies of any such public records obtained by the NCESI unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record in the above paragraph.

SIGNATURE

DATE