

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	SSN	Desired Salary	
Position Applied for			
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever applied with this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and where?
Are you available for full-time work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, what
Are you willing to work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	hours can you
Are you willing to travel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	work?
Other special training or skills (languages, machine, operation, etc.)			

EDUCATION			
High School		Location	
From	To	Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Course of Study		No. of Years Completed	
College		Location	
From	To	Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Course of Study		No. of Years Completed	
Business/Trade /Technical		Location	
From	To	Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Course of Study		No. of Years Completed	

REFERENCES

Please list three **professional** references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

Exclude those which may disclose your race, color, religion or national origin.

SKILL/EXPERIENCE OVERVIEW

Please check any skills or experience that you have. Multiple boxes may apply.

<input type="checkbox"/> Aerial Comm. Lineman	<input type="checkbox"/> Excavator
<input type="checkbox"/> Aerial Power Lineman	<input type="checkbox"/> Foreman
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Laborer
<input type="checkbox"/> Cable Plow	<input type="checkbox"/> LAN/WAN Experience
<input type="checkbox"/> CDL Driver	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Central Office Installer	<input type="checkbox"/> Splicing/Testing
<input type="checkbox"/> Digger/Derrick Operator	<input type="checkbox"/> Superintendent
<input type="checkbox"/> Directional Bore	<input type="checkbox"/> Tree Trimming
Other:	

PREVIOUS EMPLOYMENT – PLEASE LIST ENTIRE WORK HISTORY FOR LAST 10 YEARS

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge		

ADDITIONAL INFORMATION

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? If yes, describe in full.

YES NO

Information required for all applicants with CDL Licenses:

CDL License #	Exp Date
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DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Truck, Flat, etc.)	Dates To – From	Approximate # of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailers			
Other			

ADDITIONAL INFORMATION (CONT)

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF NEEDED)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (Forfeited Bond, Collateral and/or points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If yes, please explain:

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? YES NO

If yes, please explain:

TO BE READ AND SIGNED BY APPLICANT

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was your previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by CFR Part 40? YES NO

I authorize you to make sure investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of ElectriCom.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to ElectriCom.
- Have a rebuttal statement attached to alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature

Date

Note: ElectriCom may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

DISCLAIMER AND SIGNATURE

The information provided in this Employment Application is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Signature

Date

NOTIFICATION

If considered for employment, ElectriCom will conduct pre-employment screening examinations designed to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs indicate a potential for impaired or unsafe job performance. Employees of ElectriCom are subject to random drug screening examinations. ElectriCom may also require a pre-employment background check.