



Advanced Electric & Security, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY # _____

LAST FIRST M.I.

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? _____ IF YES PLEASE EXPLAIN TO INTERVIEWER _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

SPECIAL QUESTIONS -

CITIZEN OF US? YES / NO _____ DATE OF BIRTH _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS FOR THE POSITION? Yes No

Explain if No: _____

IN CASE OF EMERGENCY NOTIFY: NAME _____ PHONE# _____

ADDRESS _____

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

ADDITIONAL INFORMATION

CURRENT ELECTRICAL CARDS 01____ 02____ APPRENTICE_____ DATE RECEIVED_____

HOW MANY MONTHS/YEARS DO YOU HAVE OF WORK EXPERIENCE WITH YOUR CURRENT CARD_____

DO YOU HAVE A CURRENT/ACTIVE WASHINGTON STATE DRIVERS LICENSE YES_____ NO_____

WASHINGTON STATE DRIVES ABSTRACT IS REQUIRED.

PLEASE SHOW PROOF OF ALL LICENSES/CARDS

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF MY WAGES AND SALARY, BE TERMIATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE_____ SIGNATURE_____

OFFICE USE ONLY

INTERVIEWED BY_____ DATE_____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED_____ POSITION_____ WILL START ON_____ WAGE/SALARY_____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOT WITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.