

WALLACE ELECTRIC COMPANY

Employment Application

PERSONAL INFORMATION

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER
ADDRESS		CITY	STATE AND ZIP CODE	TELEPHONE NUMBER
IN CASE OF EMERGENCY CONTACT			PHONE	CELL PHONE NUMBER
POSITION APPLIED FOR			TODAY'S DATE	SALARY DESIRED
WHO REFERRED YOU TO US			HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AVAILABLE FOR WORK:		ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER PLED "GUILTY", "NO CONTEST", OR BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES AND DETAILS:				
DO YOU HAVE ANY PHYSICAL RESTRICTIONS THAT WOULD PREVENT YOU FROM SAFELY AND EFFECTIVELY PERFORMING THE ESSENTIAL DUTIES OF THE POSITION YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES AND DETAILS:				

DRIVING HISTORY

DRIVER'S LICENSE NUMBER:		STATE ISSUED:	EXPIRATION DATE:
ACCIDENT RECORD (LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED AS A DRIVER DURING THE PRECEDING FIVE (5) YEARS:			
DATE	NATURE	ANY ONE INJURED?	
TRAFFIC VIOLATION RECORD			IF YOU HAVE BEEN CONVICTED IN THE PAST FIVE (5) YEARS OF DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE, PLEASE EXPLAIN:
DATE	TYPE	ANYONE INJURED	

LAST NAME _____ FIRST NAME: _____ MIDDLE INITIAL _____

EDUCATION / SKILLS

HIGH SCHOOL

NAME & ADDRESS				
DID YOU GRADUATE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ATTENDED FROM:			TO:	
IF YOU DID NOT GRADUATE, DID YOU RECEIVE YOUR GED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SPECIAL HONORS OR AWARDS?				

TECHNICAL / VOCATIONAL SCHOOL

NAME & ADDRESS				
DID YOU GRADUATE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ATTENDED FROM:			TO:	
DEGREE OR CERTIFICATION:			SPECIALTY:	
SPECIAL HONORS OR AWARDS?				

COLLEGE / UNIVERSITY

NAME & ADDRESS				
DID YOU GRADUATE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ATTENDED FROM:			TO:	
DEGREE:			SPECIALTY:	
SPECIAL HONORS OR AWARDS?				

SKILLS

PLEASE DESCRIBE ANY SKILLS YOU HAVE:

LANGUAGES SPOKEN (OTHER THAN ENGLISH):

PERSONAL REFERENCES

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS KNOWN

LAST NAME _____ FIRST NAME: _____ MIDDLE INITIAL _____

PREVIOUS EMPLOYMENT EXPERIENCE

CURRENT/RECENT EMPLOYER

NAME	DATES OF EMPLOYMENT: FROM:		TO:
ADDRESS	PHONE		
JOB TITLE	BEGINNING SALARY:	ENDING SALARY:	
DUTIES			
SUPERVISOR NAME	MAY WE CONTACT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			

PREVIOUS EMPLOYER

NAME	DATES OF EMPLOYMENT: FROM:		TO:
ADDRESS	PHONE		
JOB TITLE	BEGINNING SALARY:	ENDING SALARY:	
DUTIES			
SUPERVISOR NAME	MAY WE CONTACT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			

PREVIOUS EMPLOYER

NAME	DATES OF EMPLOYMENT: FROM:		TO:
ADDRESS	PHONE		
JOB TITLE	BEGINNING SALARY:	ENDING SALARY:	
DUTIES			
SUPERVISOR NAME	MAY WE CONTACT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			

PREVIOUS EMPLOYER

NAME	DATES OF EMPLOYMENT: FROM:		TO:
ADDRESS	PHONE		
JOB TITLE	BEGINNING SALARY:	ENDING SALARY:	
DUTIES			
SUPERVISOR NAME	MAY WE CONTACT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			

AUTHORIZATION

I HEREBY CERTIFY THAT MY ANSWERS AND ASSERTIONS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF I AM EMPLOYED, I UNDERSIGNED THAT ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR ANY DISMISSAL. I HEREBY AUTHORIZE THIS COMPANY TO INVESTIGATE ANY ASPECT OF MY PRIOR EDUCATIONAL AND EMPLOYMENT HISTORY.

SIGNATURE OF APPLICANT: _____ DATE: _____