



11436 Rojas Dr. Suite B-11
 El Paso TX, 79936
 915-599-9669
 915-599-9956 fax

Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Cell Phone	Social Security No.		Valid Driver's License #		
Emergency Contact Name:			Emergency Contact Number:		
Date Available to Start	Can you work overtime?		If needed can you work out of town?		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
PREVIOUS EMPLOYMENT					
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"/>		

CERTIFICATIONS & LICENSES

What Certifications & Licenses do you have? (Select all that apply)

Apprentice Electrician License Journeyman Electrician License Master Electrician License

Include State and License Numbers for any licenses selected above, if applicable:

OTHER LICENSES & CERTIFICATIONS HELD:

DISCLAIMER AND SIGNATURE

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that this is a drug free workplace and consent to compliance with this policy as a condition of employment. I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I have read and fully understand the foregoing statements and I seek employment under these conditions.

Signature

Date