



# EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_

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Date You Can Start: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Federal and State laws regulate the employment of minor persons under the age of eighteen. If you are under 18 years of age, please check this box:  Yes

Are you employed now?  Yes  No  
If yes, may we contact your present employer?  Yes  No

Are you legally employable in the U.S.?  Yes  No

Are you applying for Full Time  or Part time  work? If part time, what is the maximum number of hours you are willing to work per week? \_\_\_\_\_

If necessary, are you able to be bonded?  Yes  No  Not Sure

Do you have adequate means of transportation to get to work on time each day and when called in on short notice?  
 Yes  No

It is the policy of Eoff Electric Company to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability in accordance with applicable laws.

## EDUCATION AND JOB SKILLS

If applying for a Delivery Driver/Warehouse position, do you hold a valid driver's license?  
 Yes  No  Not Applicable

**PLEASE NOTE: If called for an interview you will be asked to bring a copy of your driving record with you.**

What education, skills and/or training do you have that pertain to the job you are applying for?

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What other skills, training and/or education do you have that do not pertain to the position you are applying for?

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What are your strongest abilities or skills?

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What abilities do you feel you can improve upon?

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**EMPLOYMENT HISTORY** (List present or last employer first, list different positions as a separate job. Do not omit any of your last six employers.)

EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
EMPLOYMENT DATES- FROM:	TO:	POSITION HELD:	
REASON FOR LEAVING:		SUPERVISOR:	
WHAT DID YOU ENJOY THE MOST ABOUT THIS JOB?			
WHAT DID YOU ENJOY THE LEAST ABOUT THIS JOB?			

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ADDRESS:	CITY:	STATE:	ZIP:
EMPLOYMENT DATES- FROM:	TO:	POSITION HELD:	
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. APPLICATIONS NOT SIGNED AND DATED BECOME INVALID. IF YOU HAVE ANY QUESTIONS REGARDING ANY STATEMENT, PLEASE ASK BEFORE SIGNING.

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

Yes       No

I understand and agree that if I am offered employment by Eoff Electric my employment will be for no definite term and that either I, or Eoff Electric will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the CEO of the Company.

Yes       No

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed by the Company CEO.

Yes       No

I agree not to disclose any of the company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.

Yes       No

This application will remain valid for 30-days. If you would like to continue to be considered after the 30 days expires, you must submit a new application.

I have read, understand and agree with the above.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

We appreciate your interest in Eoff Electric Company and the time you have taken to prepare this application.

# EOFF ELECTRIC COMPANY

## APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize former employers to release information to Eoff Electric Company regarding my employment record in general, including information on the following questions:

- ◆ Dates of employment
- ◆ Rates of pay
- ◆ Position held when started and left
- ◆ The quality of my work
- ◆ The quantity of my work
- ◆ My attendance habits
- ◆ My relationship with co-workers and supervisors
- ◆ My attitude toward work (cooperative? positive? etc.)
- ◆ Reason for leaving
- ◆ Eligibility for rehire
- ◆ Strong points
- ◆ Weak points
- ◆ Other relative information regarding my performance, skills, ability, suitability for employment sought, etc.

I authorize Eoff Electric Company to make such investigations and inquiries of personal or employment-related matters, as may be necessary in arriving at an employment decision. I release Eoff Electric Company, my past and present employers, and other persons having information concerning me from all claims or liabilities based on the inquiries or disclosures authorized.

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Signature of Applicant Authorizing Release

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Date