



APPLICATION FOR EMPLOYMENT

EEO Statement: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

To be considered for employment, you must accurately complete all request for information. **PLEASE TYPE OR PRINT IN INK.**

First	Middle	Last Name
Street Address		Date of Application:
City, State, Zip		Social Security #
Please indicate any other name(s) you have been known by		Home Telephone
Positions Desired		Work Telephone
1) _____ 2) _____		Pay Expected
How did you learn about us? _____		
1. Are you a U.S. citizen, national or permanent resident alien, or an alien currently authorized to work by I.N.S. in the U.S? <input type="checkbox"/> <input type="checkbox"/>		
2. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth: _____		
3. Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____ month/year		
4. Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates: _____ From : month/year To : month/year		
5. What type of employment are you interested in? <input type="checkbox"/> Full Time: <input type="checkbox"/> Days <input type="checkbox"/> Part Time: <input type="checkbox"/> Days <input type="checkbox"/> Seasonal: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Nights <input type="checkbox"/> Nights		
6. Are you willing to work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. On what date would you be available for work? _____		
8. Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Conviction will not necessarily disqualify an applicant from employment and will only be considered in relation to specific job requirements.		
If yes, year _____ Jurisdiction _____		
Please explain in detail: _____		

EDUCATION

Educational Institution	Name and Location of School	Dates		Years Completed	Major/Course of Study	Degree or Diploma
		From	To			
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/ Technical						<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ University						<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate						<input type="checkbox"/> Yes <input type="checkbox"/> No
Other						<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS

List other special skills or training (languages, machine, operation, office equipment, typing speed, etc.) relevant to the position for which you are applying:

REFERENCES

Please list any business-related references you would like us to consider and their complete information

1	Name:	Business Relationship:	Title:
	Street Address:	City:	State: Zip Code:
	Business Phone:	Home Phone:	

2	Name:	Business Relationship:	Title:
	Street Address:	City:	State: Zip Code:
	Business Phone:	Home Phone:	

3	Name:	Business Relationship:	Title:
	Street Address:	City:	State: Zip Code:
	Business Phone:	Home Phone:	

State names of relatives and friends working for us, and your relationship.

EMPLOYMENT

Please give an accurate and complete employment record including part-time, volunteer, seasonal, temporary and self-employment. We may contact your current employer unless you indicate otherwise.

1	Name of most recent/current employer:	Starting Date:	Ending Date:
	Address:	Starting Salary:	Ending Salary:
	Name and Title of Immediate Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone: ()
	State Job Title and Describe the Responsibilities of your position:		
	Reason(s) for Leaving:		

2	Name of most recent/current employer:	Starting Date:	Ending Date:
	Address:	Starting Salary:	Ending Salary:
	Name and Title of Immediate Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone: ()
	State Job Title and Describe the Responsibilities of your position:		
	Reason(s) for Leaving:		

3	Name of most recent/current employer:	Starting Date:	Ending Date:
	Address:	Starting Salary:	Ending Salary:
	Name and Title of Immediate Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone: ()
	State Job Title and Describe the Responsibilities of your position:		
	Reason(s) for Leaving:		

I CERTIFY THAT ANY AND ALL STATEMENTS WHICH I HAVE SET FORTH IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISREPRESENTATION, STATED OR IMPLIED, OR OMISSION OF FACTS BY ME IN THIS APPLICATION, IN ANY SUPPLEMENT THERETO, IN ANY OTHER COMPANY RECORDS OR DOCUMENTS OR IN MY INTERVIEW(S) WILL BE SUFFICIENT GROUNDS FOR NOT EMPLOYING ME OR DISCHARGING ME IN THE EVENT THAT I AM HIRED.

Acknowledgement of Drug/Alcohol Screening

(Initials) I understand that I will be required to take and pass a drug and alcohol screening upon offer of employment, and any offer of employment is contingent upon successfully passing this screen. I understand that refusal to submit to such testing will result in a revocation of my offer of employment.

Acknowledgement of Criminal Background Checks

(Initials) I am aware that Stateline Electric conducts Criminal Background Checks, and that all offers of employment are contingent upon the results of the Criminal Background Checks.

Signature _____

Date _____



EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ **Date Applied:** _____

Gender Identification (check one):

Female Male

Race/Ethnic Identification (check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Decline self-identification

Applicant's Signature: _____ **Date:** _____