

# Employment Application

Employees of Elect General Contractors and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

**Personal Information:**

Name:    S. S. #:  -  -

Address:  Date of Birth:

City:  State:  Zip:  Home Phone:

E-mail:  Work Phone:

**Education:**

Check highest grade completed:  1  2  3  4  5  6  7  8  9  10  11  12

If you did not complete high school, do you have a GED or equivalent?  Yes  No  N/A

Check number of years of post high school education:  1  2  3  4  5  6  7

	Name and Location of School or Institution	Hrs.	Degree Received	Major or Specialty	Minor	Dates Attended
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you expect to complete an educational program in the near future, please indicate what type of degree or program and the expected completion date.

**Job Position:**

Position your applying for:  Starting Wages (Hourly):

Are you willing to accept employment which requires you to travel?  Yes  No

Do you have a drivers license?  Yes  No

Drivers license number:  State:   Operator  Commercial (CDL) Class:

What is your means of transportation?

Have you ever been convicted for any violation(s) of the law, including moving traffic violations?  Yes  No

If Yes, please describe:

When are you available to start?

**Experience:**

Starting with the most recent job first, describe your experience. Highlighting on your knowledge, skills and abilities which best demonstrate your qualifications for this position.

**Job Title:**  **Duties:**

**Employer:**

**Immediate Supervisor:**

**Address:**

**Phone:**  **Equipment Used:**

**Salary: (Start)**  **(Finish)**

**Dates: (mo/yr)**  **to (mo/yr)**  **Reason for leaving:**

Full Time  Part Time **Hrs/Wk:**

**Job Title:**  **Duties:**

**Employer:**

**Immediate Supervisor:**

**Address:**

**Phone:**  **Equipment Used:**

**Salary: (Start)**  **(Finish)**

**Dates: (mo/yr)**  **to (mo/yr)**  **Reason for leaving:**

Full Time  Part Time **Hrs/Wk:**

**References:**

Name	Address	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Certification:**

I hereby certify that all entries on all pages and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Elect General Contractors. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Elect General Contractors to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Signature :**  **Date :**

**Address:** P.O. Box 1135., Circleville, OH 43113

**Office:** 740-420-3437

**Fax:** 740-474-1037

# Drug Test Consent Form

I have applied for employment and/or contract with Elect General Contractors, Inc. in a position that requires me to operate an automobile, truck, or heavy equipment. As a condition of my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Elect General Contractors, Inc., for any of the positions.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Elect General Contractors, Inc. for screening purposes to conduct such screening and to provide the results to Elect General Contractors, Inc. I release Elect General Contractors, Inc. and any person affiliated with Elect General Contractors, Inc. and any such institution or person conducting the screening from liability thereof.

Signature :

Date :

Printed or typed name :