



Electric Lic. # 17554

## EMPLOYMENT APPLICATION

### Please review the following before completing & submitting application:

*Applicant is not required to complete information on this form that is expressly prohibited by Federal, State, or local laws. Applicant may omit responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity, or union affiliation. Sundance Electric's employment practices are in full accord with State & Federal laws which prohibit discrimination because of race, color religion, age, sex national origin, membership & activities on behalf of a labor organization, disabilities, or ethnicity.*

### BACKGROUND INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Self: \_\_\_\_\_

Emergency Contact Phone Number:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If you are a referral, who referred you to us? \_\_\_\_\_

Are you a citizen of the United States? YES / NO (circle one, typ.)

If no. are you authorized to work in the U.S.? YES / NO

Have you ever been convicted of a felony within the last 7 years? YES / NO

Do you have a valid NJ drivers license? YES / NO

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If yes, what is your drivers license number: \_\_\_\_\_

Do you have a clean driving record? YES / NO

If no, please list all violations: \_\_\_\_\_

\_\_\_\_\_

## **EMPLOYMENT BACKGROUND**

Are you currently employed? YES / NO

If yes, may we contact your present employer? YES / NO

Present Employer Name & Address: \_\_\_\_\_

What is your desired salary/hourly rate? \$ \_\_\_\_\_

List your last (3) employers starting with the most recent below:

1) Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates worked: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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2) Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates worked: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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3) Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates worked: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Position:

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

May we contact your past employers?      YES / NO

Which of the (3) past jobs was your favorite and why? \_\_\_\_\_

\_\_\_\_\_

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## EDUCATIONAL BACKGROUND

High School Attended: \_\_\_\_\_ Did  
you Graduate? YES / NO

College Attended: \_\_\_\_\_  
Did you Graduate? YES / NO

If yes with what degree? \_\_\_\_\_

Trade School Attended: \_\_\_\_\_ Did  
you Graduate? YES / NO

If no, are you currently in a trade school?      YES / NO

If no, do you have any desire to go to trade school?      YES / NO

## JOB PERFORMANCE

Are you comfortable working on high ladders, lifts, scaffolds, etc.?      YES / NO

Are you able to work late or early if and when required?      YES / NO

Are you able to work nights and weekends?      YES / NO

Are you able to be on call for emergency/storm work?      YES / NO

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Do you have a cell phone?      YES / NO

If yes, are you willing to use it for business purposes such as contacting co-workers  
for work related issues?      YES / NO

Please list any other qualifications, licenses, or certifications you may have:

Please provide a brief description of what your goals are in the electrical industry:

Please list 1-3 references of people who are not related to you whom you have know for at least 1 year  
(please include name, address, & phone number):

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I, \_\_\_\_\_ certify that all the information submitted by me on this application is true and complete, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected or, if I am employed, my employment may be terminated at any time.

*in consideration of my employment, I agree to conform to the company's rules and regulations and further agree that my employment is "at will" and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.*

*I hereby understand that if employed, my first 90 days shall be considered as a probationary period during which time I may be discharged for any reason with or without cause.*

*Any offer of employment tendered to the applicant by this company is conditional and may be contingent upon successful completion of a drug and/or alcohol test & background information.*

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
SIGNATURE