



## Employment Application

Please complete the following application in its entirety. All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, national origin, religion, ancestry, marital status, gender, age, physical or mental handicaps or disabilities, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. If you have a disability which requires an accommodation in the application or interview process, please notify us in advance.

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

What position would you like to be considered for?

- CDL Class A Truck Driver (Equipment Delivery etc.)
- In-house Electric Motor Technician
- In-house Automation Technician
- On-road Salesman (Sales & Service for Electric Motors & Led Lighting)
- On-road Equipment Salesman (Promoting sales, rentals & service)
- On-road Generator Maintenance Contract & Service Personnel
- On-road Electro-mechanical Service Technician (Diagnose & Repair all types of electrical problems)
- Equipment Service Manager
- In-shop Equipment Service Technician
- Electrical Parts Technician
- Inside Sales Personnel
- Accounting
- In-house Website Management Personnel
- In-house IT Personnel

Desired Salary: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_

If hired, can you show proof of age and/or a valid work permit?

- Yes
- No

If hired, you will be required to produce original or certified documents establishing your identity and employment eligibility. Can you submit verification of your legal right to work in the United States?

- Yes
- No

Have you ever been convicted by any court of a criminal offense (felony or misdemeanor)?

Yes

No

\*NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, surrounding circumstances, and relevance of the offense to the position may, however, be considered to the extent to which it relates to the applicant's suitability for employment in the position for which he or she has applied.

Are you able to perform the essential functions of the job for which you are applying?

Yes

No

\*NOTE: we comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential job functions. Hire may be dependent upon passing a medical examination, skill, and agility tests.

Do you have any friends or relatives working at this facility?

Yes: \_\_\_\_\_

No

Have you ever been employed by this company before?

Yes. Date employed: \_\_\_\_\_

No

Do you currently hold a valid professional license or certification related to any of the positions you are applying for?

Yes

Please list certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No

## Work Experience

Please list all employment for the last ten (10) years. Begin with your most recent employer. Complete this section even if you have included a resume with your application, and attach additional sheets if necessary. Account for any gaps in employment in the space provided.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

May We Contact?

Yes

No

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Hourly Wage/ Salary: \_\_\_\_\_

Ending Hourly Wage/ Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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No

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Hourly Wage / Salary: \_\_\_\_\_

Ending Hourly Wage / Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

May We Contact?

Yes

No

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Starting Hourly Wage / Salary: \_\_\_\_\_

Ending Hourly Wage / Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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In order for us to help us better serve you, please state any likes or dislikes you may have had with previous companies:

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**Military Service**

Branch: \_\_\_\_\_

Dates (Month/Year : From - To): \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

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Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

By signing this document, I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.