

Name: _____
Hire Date: _____



Electrical Wiring Specialist

EMPLOYMENT APPLICATION

INSTRUCTIONS: Please furnish complete and accurate information
Applications will be verified
Incomplete applications will not be considered
If you require more space, attach additional sheet(s)

COMMITTED TO CUSTOMER EXCELLENCE OF QUALITY AND SERVICE

AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive equal consideration
regardless of race, religion, color, sex, age, national origin,
marital or veteran status or disability.

Please fax employment applications to: Fax # 405-454-0301

How did you learn of this opening?				Today's date	
PERSONAL INFORMATION					
Name (Last, First, Middle)			DOB: / /		Social Security No.
Present Address		Street	City	State	Zip
Telephone No.					
Permanent Address		Street	City	State	Zip
Telephone No.					
Have you previously applied for a position at All Bolt Electric Inc.?				Yes	No
If Yes, Please explain					
Have you previously worked for All Bolt Electric Inc.?				Yes	No
If Yes, Please explain					
Are you legally permitted to work in the U.S. (either by U.S. citizenship or current visa?)				Yes	No
Position(s) applying for in order of preference:				Upon employment, you show proof of citizenship or authorization to work as an alien in the U.S.A.	
1.)		2.)			
Full Time	Part Time	Temporary	Pay Expected:	Date Available:	
Are you willing to work any shift?					
Yes	No				
EDUCATION					
Did you graduate? and GPA			No. Years Completed	Course Taken or Degree Received:	
High School	Name	Yes / No		<input type="checkbox"/> Business <input type="checkbox"/> College Prep. <input type="checkbox"/> Technical(Ind. Arts) <input type="checkbox"/> Other	
	Location	Avg or Rank /			
College Business, U.S. Military, or Graduate School	Name	Yes / No			
	Location	Avg or Rank /			
	Name	Yes/No			
	Location	Avg or Rank /			
Trade Apprenticeship:			(Kind)	(Company)	(No. of Years)
% College Expenses Earned:	Hours per week worked while in School:		Type of work performed:		

WORK EXPERIENCE (Include U.S.Military)

Starts with present employer. Attach separate sheet if necessary.

Employer	Position Title(s)	Supervisor(s)	Duties/Responsibilities	Dates/Salary
Name				From
Address				To
Type of Business				Start Salary
Phone No.				Reason for leaving
Employer	Position Title(s)	Supervisor(s)	Duties/Responsibilities	Dates/Salary
Name				From
Address				To
Type of Business				Start Salary
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Employer	Position Title(s)	Supervisor(s)	Duties/Responsibilities	Dates/Salary
Name				From
Address				To
Type of Business				Start Salary
Phone No.				Reason for leaving
Please indicate which employer(s) you do not want contacted:			If ever employed or attended school under a different name please indicate:	

MILITARY SERVICE INFORMATION

U.S. Military Service Active Duty	Branch	Rank at Discharge:	Reserve or National Guard Obligation:
From:	To:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> None

GENERAL INFORMATION

Have you ever been convicted of a felony or other crime? (An applicant will not be denied consideration for employment solely because of a criminal record.) <input type="checkbox"/> Yes <input type="checkbox"/> No	How many days absent from school or work during the past year? _____
If Yes explain with date of offense _____	

Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license(if it should be required for the job?) <input type="checkbox"/> Yes State: _____ No. _____
Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No

REFERENCES/ NON/RELATIVE

Name	Name	Name
Address	Address	Address
City, State	City, State	City, State
Phone No.	Phone No.	Phone No.
Occupation	Occupation	Occupation
Relationship Years Known	Relationship Years Known	Relationship Years Known

READ STATEMENT CAREFULLY BEFORE SIGNING AND DATING

1) I understand that this application will be considered active for six months. After that, if I have not been employed by the Company I must reapply if I wish to be considered for future employment.

2) I certify that the information in this application is correct to the best of my knowledge and I understand that deliberate falsification of this information is grounds for refusal to hire or dismissal from employment.

3) I understand it is the policy of ALL BOLT ELECTRIC INC., to check references offered by applicants and that it is their objective to obtain information on ability and previous job performance for the sole purpose of considering me for employment. I hereby authorize any person named by myself as a reference, prior employer, or an educational institute to submit information or opinions about myself in order to evaluate my employment qualifications. I hold said persons or organizations blameless and without liability for statements or opinions made regarding my character or qualifications.

By my signature below, I acknowledge that I have read and understood all of the above statements.

_____ Signature of Applicant	_____ Date
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