



Application for Employment

S.H. Silverblatt Electrical Contractor, Inc.

PERSONAL INFORMATION

DATE _____ DATE OF BIRTH _____

NAME _____ SOCIAL SECURITY # _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

CELL PHONE _____ HOME PHONE _____ REFERRED BY: _____

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE UNITED STATES?

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ IF SO, WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

GENERAL

WHAT OTHER RELEVANT EXPERIENCE HAVE YOU HAD AND WHAT OTHER ACTIVITIES ARE YOU INVOLVED IN?

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ? _____ WRITE? _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? _____ GIVE DETAILS _____

HAVE YOU ANY DEFECTS IN HEARING? _____ IN VISION? _____ IN SPEECH? _____

HAVE YOU EVER FILED FOR A WORKER'S COMPENSATION CLAIM? _____

** PLEASE NOTE: WORKERS COMPENSATION RECORDS WILL BE CHECKED.

EMERGENCY CONTACT

NAME _____ ADDRESS _____ PHONE NUMBER _____

EMPLOYMENT HISTORY**(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT EMPLOYMENT FIRST)**

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES**GIVE BELOW THE NAMES OF THREE PERSON NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS KNOWN

PLEASE READ THE SECTION BELOW CAREFULLY BEFORE SIGNING

U.S. LAW REQUIRES THAT, IF HIRED, YOU MUST FURNISH APPROPRIATE DOCUMENTATION ESTABLISHING IDENTITY AND EMPLOYMENT ELIGIBILITY ON OR BEFORE YOUR FIRST DAY OF EMPLOYMENT. FOR EXAMPLE, ACCEPTABLE DOCUMENTS INCLUDE:

1. A U.S. PASSPORT, INS FORMS 688, OR 688A

OR

2. A SOCIAL SECURITY OR BIRTH CERTIFICATE ISSUED BY A GOVERNMENT AUTHORITY AND A DRIVER'S LICENSE, SCHOOL ID WITH PHOTO OR OTHER GOVERNMENT ISSUED DOCUMENTATION ESTABLISHING IDENTITY.

3. CERTAIN OTHER DOCUMENTS ARE EQUALLY ACCEPTABLE AS DETAILED BY INS FORM I-9.

DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NO CONTEST TO A CRIM, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? YES _____ NO _____

IF YES, DESCRIBE IN FULL:

*ANSWERING YES WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. APPLICANTS ARE NOT REQUIRED TO DISCLOSE SEALED OR EXPUNGED CONVICTION RECORDS OR THE EXISTENCE OF SUCH RECORDS

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE, OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTED ON A PUBLIC WEBSITE: YES _____ NO _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE

PRINTED NAME

DATE