

Employment Application

Date: _____

APPLICANT	INFORMATIO	٥N
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Full Name:					Date of Birth:					
	First									
Address:	Street Add	dress								
	City							State	ZIP Code	
Phone:										
Date Availabl	le:		S	ocial Sec		Desired R	ate of Pay: <u>\$</u>			
Position Appl	ied for:									
List friends or	r relatives	currently	y working	g for us:						
Are you authorized to work in the U.S.?					YES	NO □				
Have you ever worked for this company?						NO □	If yes, when?			
Have you ever been convicted of a felony?										
lf yes, explair	า:									
							CATION			
High School:	_					EDU	CATION			
High School: Did you gradu						EDU				
-	uate?	YES	NO	Diplon	na:	EDU				
Did you grade	uate?	YES	NO	Diplon	na:	EDU				
Did you gradu College:	uate? uate?	YES		Diplon	na:	EDU				
Did you gradu College: Did you gradu	uate? uate? ion:	YES		Diplon	na:	EDU				
Did you gradu College: Did you gradu Other Educat	uate? uate? ion:	YES YES YES		Diplon	na:	EDU				
Did you gradu College: Did you gradu Other Educat Did you gradu	uate? uate? ion: uate?	YES U YES U		Diplon Degre	na: ee: ee:	EDU REFE	RENCES rofessional references.			
Did you gradu College: Did you gradu Other Educat Did you gradu	uate? uate? ion: uate?	YES YES YES I		Diplon Degre Degre	na: ee: ee:	EDU REFE	RENCES	Pho		

PREVIOUS EMPLOYMENT

Company:	Phone:
Responsibilities:	
Company:	Phone:
Responsibilities:	
Company:	Phone:
Responsibilities:	
	EMERGENCY CONTACT
	Person to be notified in case of an accident or emergency:
Name:	Phone:
Address:	Relationship:
	DISCLAIMER AND SIGNATURE
	eys Electric is a drug free work force. All applicants must consent to a pre-employment drug screening ing considered for employment.
omission	e investigation of all statements contained in this application. I understand that misrepresentation or of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no eriod and may, regardless of the date of payment of my wages and salary, be terminated at any time.
I certify th	at my answers are true and complete to the best of my knowledge.
By signing the b	elow signature line, you are acknowledging the above statements.

Signature:

Date:_____

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS. Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.





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