



BILL SMITH ELECTRIC

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www.billsmithelectric.com

Employment Application

Drug Free Work Place

Applicant Data

Today's Date: _____

Full Name: _____ Date of Birth: _____

Years of Electrical Experience: _____

Address: _____

Phone: _____ Mobile/Pager/Other: _____

Date Available to Start: _____ Social Security Number: _____

Salary Requirements: _____ How were you referred to us? _____

Have you ever worked for us? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time

Have you ever pleaded guilty, no contest, or been convicted of a crime? Yes No

If yes, give dates and details: _____

Driver's license number: _____ State: _____

Do you have any traffic violations? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Emergency Contacts

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Work Experience

- List the most recent places of employment where you performed electrical work.
- If you have not performed electrical work, provide other work references.

1. **Type of Work:** Commercial Residential Industrial

Company: _____ **From:** _____ **To:** _____

Manager: _____ **Phone:** _____

Description of Work & Responsibilities: _____

2. **Type of Work:** Commercial Residential Industrial

Company: _____ **From:** _____ **To:** _____

Manager: _____ **Phone:** _____

Description of Work & Responsibilities: _____

3. **Type of Work:** Commercial Residential Industrial

Company: _____ **From:** _____ **To:** _____

Manager: _____ **Phone:** _____

Description of Work & Responsibilities: _____

4. **Type of Work:** Commercial Residential Industrial

Company: _____ **From:** _____ **To:** _____

Manager: _____ **Phone:** _____

Description of Work & Responsibilities: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: _____ Date: _____