

Scapin
ELECTRIC
COMPANY

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

We are an equal opportunity employment company. We are dedicated to a policy of nondiscrimination in employment on any basis including, race, creed, color, age, sex, religion or national origin; or physical handicap.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Permanent Address: _____
Street City/State Zip Code

Phone Number: _____ Social Security Number: _____

Referred By: _____ Do you have a valid Driver's License Y or N

Date of Birth _____ Drivers License # _____

EMPLOYMENT DESIRED

Position: _____ Date you can start _____

Salary Desired: _____ Are you presently employed? Y or N

Can we contact your present employer? Yes or No Circle One

Trade of Business School: _____
Subjects Studied

References: (Give name & phone number of (3) people not related to you; and that you've known at least one year).

1). _____

2). _____

3). _____

Employment Record (Please list your last four employers in descending order)

<u>Name and Address:</u>	<u>Position:</u>	<u>Salary:</u>	<u>Reason for leaving:</u>
From: / / _____			
To: / / _____			
From: / / _____			
To: / / _____			
From: / / _____			
To: / / _____			
From: / / _____			
To: / / _____			

Please read the following carefully:

I hereby authorize and request any an all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit worthiness and personal background and I hereby release each such employer or other person, firm, or corporation from any an all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/ or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associated or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal: and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

THIS IS A DRUG FREE WORKPLACE

SIGNATURE OF APPLICANT: _____

DATE: _____