



6650 Highland Rd, Ste 315
Waterford, MI 48327
(248) 618-6900
FAX (248) 618-1283

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Date _____

Name _____ Social Security # _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Have you ever previously been employed by this company? Yes No

Do you have a valid Michigan Driver License? Yes No License # _____

Are there any restrictions on your Driver License? Yes No If so, explain _____

Can you perform the essential functions of the job for which you are applying? Yes No

Are you subject to any city / local tax? Yes No Name of City / Locality _____

If under age 18, please state your age _____ If under 18, please attach work permit.

In case of emergency, please contact: Name _____ Relationship _____

Daytime # _____ Mobile # _____ Evening # _____

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

EDUCATION

Name & location of school	Highest grade completed	Field of study
High School		
College		
Trade School		

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

EMPLOYMENT DESIRED

Position _____ Date available to start _____ Pay _____

Are you available to work Full-Time Part-Time Overtime

Are you currently employed? Yes No If so, may we contact your present employer? Yes No



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EMPLOYMENT EXPERIENCES (list below last three employers, starting with present employer)

Employer _____ Supervisor's Name _____
Address City & State _____ Telephone _____
Your position _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your salary: Starting/Ending _____
Duties _____

What did you like most about your job? _____
Reason for leaving _____
• • • • • • • • • • • • • •

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Address City & State _____ Telephone _____
Your position _____ Employed from _____ (mo/yr) to _____ (mo/yr)
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Employer _____ Supervisor's Name _____
Address City & State _____ Telephone _____
Your position _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your salary: Starting/Ending _____
Duties _____

What did you like most about your job? _____
Reason for leaving _____
• • • • • • • • • • • • • •

Do you have a union membership? Yes No If so, which one _____

What percentage is your experience in the following fields (total should equal 100%).
Commercial _____ Residential _____ Industrial _____

Do you have experience with lift trucks? Yes No With Scissor lifts? Yes No



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GENERAL

Licenses or Certifications, Subjects of Special Study/Research Work, or Special Training/Skills

REFERENCES (List three non-relatives who are familiar with your qualifications, work history, and ability)

Name & Business (if applicable)	Occupation/Relationship	Phone	Years Known

AUTHORIZATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize Dave's Electric Services, Inc. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of Dave's Electric Services, Inc. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Dave's Electric Services, Inc. or at my option, without notice, at any time, and for any reason.

I also understand that no representative of Dave's Electric Services, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the owner of Dave's Electric Services, Inc.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

-----DO NOT WRITE BELOW THIS LINE-----

EMPLOYER PORTION:

Pay Information	Primary Pay Type
\$ _____	<input type="checkbox"/> Per Hour
Primary pay rate or salary	<input type="checkbox"/> Annual Salary
	<input type="checkbox"/> Commission
	<input type="checkbox"/> Other _____

Job Title _____

Hire date of employee _____

Employee is hired Full-Time Part-Time