

ALLIANCE ELECTRIC, INC.

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone			E-mail Address				D.L. #		
Date of Birth			Social Security No.				Desired Rate Per Hour	\$	
Position Applied for									
What was your previous address?									
Texas Counties Lived In:									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Is there any reason for which you might not be able to perform the job duties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION

High School				City/State					
	Degree or GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year Issued?					
Do you currently hold any additional degrees or licenses? If so, please list below:									

REFERENCES

*Please list **two** or **three** professional references.*

Full Name				Relationship					
Company				Phone					
City/State									
Full Name				Relationship					
Company				Phone					
City/State									
Full Name				Relationship					
Company				Phone					
City/State									

PREVIOUS EMPLOYMENT

Company		Phone	
City/State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
City/State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
City/State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
City/State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Have you ever been injured on the job? YES NO If yes, explain:

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. My signature below serves as authorization for a valid driver license and criminal history background check to be performed, using the information provided with this employment application.

Signature

Date