



345 St. Croix Avenue
 New Richmond, WI 54017
 715.246.3873 fax 715.246.2614
 www.simon-electric.com

All items must be completed or your application will be disregarded.

**PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE**

*Equal Opportunity
 Employer*

**APPLICATION FOR EMPLOYMENT
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-6. DATE _____

Name _____
First Last Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ If under 18, please list age _____

Commercial Electrician Master Electrician Residential Electrician
 Restricted Master Electrician Office Position Estimator
 Other _____

Length of Employment in the Electrical Industry _____ Do you hold an electrical license? _____
 If yes, what type? _____ State held _____ Date Issued _____

Have you ever been employed in the Construction Industry? No Yes Other Electrical Construction? No Yes
 If yes, Indicate Dates and Titles. Date: ____/____/____ Title _____

How many hours can you work weekly? _____ Expected Wage \$_____/hr.
 Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____ Where did you hear of the job? _____

Why do you want to work at Simon Electric? _____

OFFICE POSITION ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac Other _____
 Skills _____

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Do you have any welding experience? No Yes If so, please indicate type: _____

Do you have any electrical maintenance experience? No Yes If so, please indicate type: _____

Do you have any rigging experience? No Yes If so, please indicate type: _____

Have you ever supervised people? No Yes If so, please indicate type of job and number of people: _____

Do you own a copy of the *National Electrical Code*? No Yes If so, what year: _____

Do you currently hold a valid First Aid Certificate? No Yes If so, Date of Issue ____/____/____
Date of Expiration ____/____/____

Have you ever been an apprentice or served an apprenticeship? No Yes If so, please indicate Trade: _____
Date From: ____/____/____ To: ____/____/____ Location: _____ Employer: _____

Do you have at least one year of algebra with a passing grade? No Yes What was your grade? _____

Number of math courses taken in high school, college, or tech school: _____

Number of electrical trade related courses taken in high school, college, or tech school: _____

Do you have any special skills that would assist you in the electrical industry? No Yes If so, please indicate: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	DATE GRADUATED
High School					
College					
Bus. or Trade School					
Professional School					

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Work Experience
Must be filled out – “See Resume” – not accepted

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone () _____	Telephone () _____

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

OPTIONAL INFORMATION FORM

TO BE COMPLETED AT YOUR OPTION:

Birth date _____

Married Yes No If married, how long? _____ Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Vacation Pay Yes No Date _____

Holiday Pay Yes No Date _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Simon Electric Construction Co., Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Simon Electric Construction Co., Inc. , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Simon Electric Construction Co., Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Equal Opportunity Employer

