

Durango Electrical Services, Inc.



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
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How Did You Learn About Us? (mark with X)

Advertisement
 Relative
 Inquiry
 Other
 Employment Agency
 Friend
 Website

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Best time to contact you at home is (AM/PM) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ___ No ___

Have you ever filed an application with us before? Yes ___ No ___
 If Yes, give date _____

Have you ever been employed with us before? Yes ___ No ___
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes ___ No ___

Are you Currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes ___ No ___

Date available for work (mm/dd/yyyy) _____ What is your desired salary Range? _____

Are you available to work:

Full- Time	Yes	No
Part-Time	Yes	No
Temporary	Yes	No

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

Education

	Name and Address Of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

List Professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

If you need additional space, please continue in a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> MS Office 2016	<input type="checkbox"/> Outlook	Production/Mobile	Other (list)
<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint	Machinery (list)	
<input type="checkbox"/> Word	<input type="checkbox"/> Access	_____	_____
<input type="checkbox"/> Estimation	<input type="checkbox"/> Keyboard ___ wpm	_____	_____
<input type="checkbox"/> Project Management		_____	_____
<input type="checkbox"/> Customer Service		_____	_____
<input type="checkbox"/> Problem Solving		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. — YES — NO

REFERENCES

1.	_____	_____	_____
	(Name)	(Address)	(Phone #)
2.	_____	_____	_____
	(Name)	(Address)	(Phone #)
3.	_____	_____	_____
	(Name)	(Address)	(Phone #)

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should not inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changes by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
(NAME AND TITLE) DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ____ Yes ____ No

Position Considered For: _____

Date: _____

INTERVIEW NOTES: