



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Complete Application in its entirety.

Name: _____
 Last First Middle Initial Maiden

Current Address: Street _____
 City _____, State _____ Zip Code _____

Telephone: _____ Social Security No.: _____

Email Address: _____ (Print Clearly)

T-Shirt Size: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

How long have you lived at this address? _____

Position Applying for: _____ Salary Desired: _____

Days/Hours available to work: No Preference _____
 Mon _____ Tues _____
 Wed _____ Thurs _____
 Fri _____ Sat/Sun _____

How many hours can you work weekly? _____

Type of Employment desired: Full Time Part Time Full & Part Time

Date available to begin work: _____

Have you ever been convicted of a crime? Yes No

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 valid Driver's License: Yes No

Driver's License No.: _____ State of Issue: _____ Expiration Date: _____

Do you have means of transportation to and from work: Yes No

Have you had any accidents during the past three years: Yes No

How many: _____ Explanation: _____

Have you had any moving violations during the past three years: Yes No

How many: _____ Explanation: _____

EMERGENCY CONTACTS

Person(s) to be contacted in case of an emergency. Must list two.

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

EDUCATION

High School: Yes No Name of School: _____
City and State: _____
Years Attended: _____

College: Yes No Name of College: _____
City and State: _____
Years Attended: _____

Business or School: Yes No Name of Entity: _____
City and State: _____
Years Attended: _____

MILITARY

Have you ever been in the Armed Forces: Yes No

Are you a member of the National Guard: Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

WORK EXPERIENCE

List your past three places of employment beginning with your most recent.

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Supervisor Name: _____

Employment Dates: _____ Hourly Wage: _____

Your Last Job Title: _____

Duties Performed: _____

Reason for Leaving: _____

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Supervisor Name: _____

Employment Dates: _____ Hourly Wage: _____

Your Last Job Title: _____

Duties Performed: _____

Reason for Leaving: _____

Name of Employer: _____

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Supervisor Name: _____

Employment Dates: _____ Hourly Wage: _____

Your Last Job Title: _____

Duties Performed: _____

Reason for Leaving: _____

May we contact your present employer: Yes No

Did you complete this application yourself: Yes No

If not, who assisted you in completion of this application: _____

List two references other than relatives or previous employers:

Name: _____ Acquaintance: _____

City/State: _____ Phone No.: _____

Name: _____ Acquaintance: _____

City/State: _____ Phone No.: _____

Are you married: Yes No If yes how long: _____

Single Separated Divorced Widowed

Full Name of Spouse: _____

Spouse Phone No.: _____ Occupation: _____

Name of Company: _____

TO BE COMPLETED BY EMPLOYER

Date of Employment: _____ Job Title: _____

Rate of Pay: \$ _____ Full Time: Yes No Part Time: Yes No

Name and Title of person authorizing employment:

Name: _____ Title: _____

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Kemp Electrical Contractors, 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 Kemp Electrical Contractors, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the President / General Manager of the Company. Both the undersigned and the Company 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), and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing for 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 this 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 requests 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 probation 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 the Company depends solely on your qualifications.

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