



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

LEGAL NAME:

LAST

FIRST

M.I.

BIRTHDATE:

DRIVERS LICENSE:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE No.:

CELLPHONE No.:

CITIZENSHIP:

- US CITIZEN
- DUAL US CITIZEN, PLEASE SPECIFY OTHER COUNTRY:
- US PERMANENT RESIDENT VISA – CITIZEN OF:
- ALIEN REGISTRATION NUMBER:

IF YOU ARE NOT A U.S. CITIZEN AND LIVE IN THE UNITED STATES, HOW LONG HAVE YOU BEEN IN THE COUNTRY?

THE FOLLOWING ITEMS ARE *OPTIONAL*. NO INFORMATION YOU PROVIDE WILL BE USED IN A DISCRIMINATORY MANNER.

PLACE OF BIRTH:

SSN:

LANGUAGE, IF OTHER THAN ENGLISH:

LANGUAGE SPOKEN AT HOME:

IF YOU WISH TO BE IDENTIFIED WITH A PARTICULAR ETHNIC GROUP, PLEASE CHECK THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> MEXICAN AMERICAN |
| <input type="checkbox"/> NATIVE AMERICAN, ALASKAN NATIVE | <input type="checkbox"/> NATIVE HAWAIIAN |
| <input type="checkbox"/> ASIAN AMERICAN | <input type="checkbox"/> PUERTO RICAN |
| <input type="checkbox"/> HISPANIC, LATINO | <input type="checkbox"/> WHITE OR CAUCASIAN |

WORK EXPERIENCE:

List any job (including employment) you have held during the past three years.

Specific Nature of Work	Employer	Dates of Employment

Are you employed now? _____

If so, may we contact your employer? Yes No

Date Available: _____

How much are you willing to work for? \$ _____

Employer Name	FROM	TO	Describe work	Reason For Leaving	Name of Supervisor

Employer Name	FROM	TO	Describe work	Reason For Leaving	Name of Supervisor

Employer Name	FROM	TO	Describe work	Reason For Leaving	Name of Supervisor

RECORD OF EDUCATION:

Name of School	Circle Last Year Completed	Did you Graduate?	Diploma, Degree, Certificate
High School:	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School or Other:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trade or Vocational Certificates:

REFERENCES:

Not former employers or relatives

Name	Address	Phone Number

Summarize Other Experiences, Qualifications and Interests:

MILITARY SERVICE:

Branch of Service

Active

Weekend

Discharged

FAMILY – ADDITIONAL CONTACT INFORMATION

Parent	Parent
Home Address if Different from Yours:	
Physical Address:	Physical Address:
Telephone No.:	Telephone No.:
Cellphone No.:	Cellphone No.:

**I understand all information will be reviewed and references checked.
I authorize the release of information.**

Applicant Signature

Date

Employment Experience Form

	Item of Experience	No Experience	1 - 6 Months	6 - 12 Months	12 - 24 Months	More than 2 Years
1	Knowledge of 2005 NEC					
2	Read and Understand Plans					
3	High Voltage Testing					
4	High Voltage Switchgear/Installation					
5	High Voltage Transformer/Installation					
6	High Voltage Wire Pulling					
7	High Voltage Termination					
8	High Voltage Fuse Installation					
9	High Voltage Circuit Breaker Repair					
10	Set High Voltage Circuit Breaker Trip Settings					
11	High Voltage Generator Installation					
12	Reading and Understanding Control Diagrams					
13	Troubleshooting Control Installations					
14	Conduit Bending GRC, IMC, EMT, PVC					
15	Conduit Threading, GRC					
16	Conduit Installation, GRC, IMC, EMT, PVC					
17	Low Voltage Wire Pulling					
18	Lighting Fixture Installation					
19	Receptacle, Switch Installation					
20	Low Voltage Panelboard and Switchboard Install.					
21	Low Voltage Transformer Installation					
22	Motor Terminations					
23	Motor Control Installation					
24	Installation of BX, MC Cables					
25	Fire Alarm Installation					
26	Lightning Protection Installation					
27	Grounding System Installation					
28	Underground Conduit Installation					
29	Rigging and Heavy Equipment Lifting					
30	Ditching and Backfill 0 (Machine)					
31	Concrete Pouring					
32	Ditch Digging (Manual)					

USVI Master Electrician's License

YES

NO

(Circle One)

USVI Electrician's License

YES

NO

(Circle One)

33. List Educational Background: _____

34. List any physical or health problems which may impede your ability to perform any of the above listed items: _____
