

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Applications can be emailed to: applications@steiner-electric.com

Please type or print, and answer all questions



PERSONAL INFORMATION

DATE: _____

NAME: _____ EMAIL: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER DAY: () _____
EVENING: () _____

ARE YOU 18 YEARS OR OLDER?: YES NO

Are you authorized to obtain lawful employment in this country? YES NO

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? YES NO

If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? YES NO

Do you have pending charges or convictions?: YES NO If yes, provide further information as to the offense(s) date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic charges (this will only be given consideration if the offenses are substantially related to the particular job).

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION AND TRAINING

This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

Describe any other training or apprenticeship programs you consider relevant to the position for which you are applying.

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Employer:	Street Address:	
Your Title:	City, State, Zip:	
Your Duties:	Phone:	Name of Supervisor:
	Total Time Employed:	
	From (Month & Year):	To (Month & Year):
	Last Rate of Pay:	
	Reason For Leaving:	

Employer:	Street Address:	
Your Title:	City, State, Zip:	
Your Duties:	Phone:	Name of Supervisor:
	Total Time Employed:	
	From (Month & Year):	To (Month & Year):
	Last Rate of Pay:	
	Reason For Leaving:	

Employer:	Street Address:	
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Your Title:	City, State, Zip:	
Your Duties:	Phone:	Name of Supervisor:
	Total Time Employed:	
	From (Month & Year):	To (Month & Year):
	Last Rate of Pay:	
	Reason For Leaving:	

REFERENCES (Persons not related to you)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand this application will be considered inactive after thirty days.

I understand that if my application is accepted and I am offered employment, the employer may condition employment upon the successful completion of a physical, medical, or drug testing exam.

I certify I have read and understand this authorization, release, and certification.

Dated: _____

Applicant's Signature: _____



2323 SYLVAN WAY WEST BEND, WI 53095