

Application for Employment

(Please print)

ADAMS *Electric, Inc.*

8040 N. State Rd 39

Lebanon, IN 46052

Position Applied For _____ Date of Application _____

Name _____ Social Security# _____

Address _____

Telephone () _____ Other Phone _____

If you are under 18, and it is required, can you furnish a work permit? YES NO If no please explain _____

Are you legally eligible for employment in this country? YES NO

Date available for work _____ What is your desired salary range \$ _____

Type of employment desired Full Time Part Time Temporary Seasonal

Have you ever been formally disciplined by a past employer regarding attendance? _____
If yes, please explain. _____

Have you ever had any misunderstanding about merchandise or funds? _____
If yes, please explain. _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO
If yes, please provide dates(s) and details. _____

Driver's License Number if driving is an essential job function _____ State _____

List all hand tools you have: _____

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers starting with the most recent.

From ___ To ___ Employer _____ Telephone () _____
Title _____ Address _____
May we contact for reference YES NO Reason for leaving? _____ Hourly rate _____
Summary of work performed and responsibilities _____

From ___ To ___ Employer _____ Telephone () _____
Title _____ Address _____
May we contact for reference YES NO Reason for leaving? _____ Hourly rate _____
Summary of work performed and responsibilities _____

From ___ To ___ Employer _____ Telephone () _____
Title _____ Address _____
May we contact for reference YES NO Reason for leaving? _____ Hourly rate _____
Summary of work performed and responsibilities _____

From ___ To ___ Employer _____ Telephone () _____
Title _____ Address _____
May we contact for reference YES NO Reason for leaving? _____ Hourly rate _____
Summary of work performed and responsibilities _____

SKILLS and QUALIFICATIONS

Summarize any skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you applying: _____

EDUCATION BACKGROUND

School Education	No Years Completed	Year Graduated	Course Study
High School _____			
College _____			
Other _____			

MEDICAL HISTORY

Please list any physical conditions which may limit your ability to perform the job for which you are applying: _____

WORK REFERENCES

List 3 work references (not personal)

Name	Address	Telephone	Number of Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, completed and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application or (ii) immediately discharge me for the employer's service whenever it is discovered.

I understand that the employer do not unlawfully discriminate in employment an no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remain current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative or the employer is authorized to may any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____