

STEPHENS ELECTRICAL, INC.



(530) 222-8433

Commercial ⚡ Industrial ⚡ Residential

APPLICATION INFORMATION			
LAST NAME:	FIRST NAME:	MI:	DATE:
STREET ADDRESS:			APT./UNIT#
CITY:	STATE:	ZIP:	DATE OF BIRTH:
PHONE:	EMAIL:		MALE: FEMALE:
DRIVER LICENSE NO:	DL STATE:	DL EXP DATE:	DL CLASS
POSITION APPLING FOR:		DESIRED SALARY	SOCIAL SECURITY NO:
ARE YOU A CITIZEN OF THE UNITED STATES?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU WORKED FOR THIS COMPANY BEFORE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, WHEN?
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT A PRE-EMPLOYMENT DRUG SCREENING TEST:		YES <input type="checkbox"/> NO <input type="checkbox"/>	18 YEARS OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION				
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE	MAJOR

EMPLOYMENT HISTORY (LAST 4 EMPLOYERS OR 10 YEARS)					
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					

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PROFESSIONAL REFERENCES			
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:

MILITARY SERVICES			
YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:	FROM:	TO:
RANK AT DISCHARGE:		TYPE OF DISCHARGE:	

CONSTRUCTION EXPERIENCE			
HAVE YOU EVER WORKED IN CONSTRUCTION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOW LONG:
DO YOU HAVE HOLD A STATE CERTIFICATION AS A JOURNEYMAN WIREMAN ELECTRICIAN? If yes, Number	Exp. Date	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OPERATOR (IF YES WHAT EQUIPMENT):		YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER EXPERIENCE, SKILLS OR CERTIFICATIONS:			

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all answers given herein are true and complete to the best of my knowledge.
In the event of employment, I understand that false or misleading information given in my application or interview(s) me result in a discharge

Signature of Applicant

Date

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Redding, CA 96003
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www.stephenselectricalinc.com