



**(530) 222-8433**

Commercial ⚡ Industrial ⚡ Residential

APPLICATION INFORMATION				
LAST NAME:		FIRST NAME:		MI:
STREET ADDRESS:				DATE:
CITY:		STATE:	ZIP:	APT./UNIT#
PHONE:		EMAIL:		DATE OF BIRTH:
DRIVER LICENSE NO:		DL STATE:	DL EXP DATE:	MALE: FEMALE:
DL CLASS				
POSITION APPLYING 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 OLD? 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
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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](http://www.stephenselectricalinc.com)