EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
			— —

PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	**CITY**	**STATE**	**ZIP CODE**

CELL PHONE NUMBER	SECONDARY PHONE NUMBER	REFERRED BY

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
Apprentice		

ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN
☐ YES ☐ NO		

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EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			Yes	
COLLEGE			Yes	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			Yes	

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GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

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U.S. MILITARY OR NAVAL SERVICE | MEMBER OF A FEDERALLY RECOGNIZED TRIBE
PRESENT ADDRESS | CITY | STATE | ZIP CODE
Yes

FORMER EMPLOYERS *(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)*

DATE MONTH AND YEAR	NAME & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

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PERMANENT ADDRESS | CITY | STATE | ZIP CODE
CELL PHONE NUMBER | SECONDARY PHONE NUMBER | REFERRED BY

CONTINUED ON OTHER SIDE

REFERENCES *(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)*

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false, misleading, or omitted information in this application may result in the rejection of my application or, if employed, immediate termination.

I authorize the investigation of all statements contained in this application. I also authorize the company to contact the references and previous employers listed above to obtain any relevant information regarding my employment history, performance, and qualifications. I release the company and all parties providing such information from any liability for damages that may result from the disclosure or use of this information.

I understand that this application does not constitute a contract of employment. I further acknowledge that no representative of the company has the authority to enter into an employment agreement for any specified period unless it is in writing and signed by an authorized company representative.

This authorization does not permit the release or use of any medical or disability-related information in a manner that violates the Americans with Disabilities Act (ADA) or any other applicable federal, state, or local laws, including those of the State of Oklahoma."

By entering my name in the designated field, I hereby acknowledge and agree that this action constitutes my electronic signature, affirming the accuracy of the information provided and my acceptance of the terms and conditions associated with this application.

DATE _____ TYPED NAME _____

1. Fill out the application with your information.
2. When finished, save the file to your device/computer with your information filled out.
3. Email the file you just saved to Office@2jselectric.com
4. In the email subject heading, put "Job Application - Your Name" and send to 2 J's Office.

Do Not Write Below This Line

REMARKS

DATE OF HIRE		POSITION		STARTING PAY	