

# HAYWARD ELECTRIC

## Job Application

Date: \_\_\_\_\_

Social Security Number

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_  
LAST FIRST INITIAL

STREET

CITY STATE ZIP

### Education History

Institution	Name & Location	Grade Completed: Diploma/ Degree
High School		
University / College		
Other (Day / Night)		

### Employment History (most current first)

Employer	Your Job Title:
Address	Duties:
	Reason for Leaving:
Phone:	Salary:
	Employed from: to:
Employer	Your Job Title:
Address	Duties:
	Reason for Leaving:
Phone:	Salary:
	Employed from: to:
Employer	Your Job Title:
Address	Duties:
	Reason for Leaving:
Phone:	Salary:
	Employed from: to:

## References

Name	Occupation	Telephone
1		
2		
3		

## Skills

- |   |   |
|---|---|
| <input type="checkbox"/> Conduit Bending (EMT and/or GRC) | <input type="checkbox"/> Switchgear Installation    |
| <input type="checkbox"/> Motor Control                    | <input type="checkbox"/> First Aid/CPR Training     |
| <input type="checkbox"/> PLC Experience TYPE:             | <input type="checkbox"/> BATT Certification         |
| <input type="checkbox"/> Read one-line Schematics         | <input type="checkbox"/> Job Supervision Experience |
| <input type="checkbox"/> Knowledge of Electrical Code     | <input type="checkbox"/> Other explain:             |

Date Available \_\_\_\_\_

Hours Available \_\_\_\_\_

Wage Expected \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Shift Desired:

- Day  
 Night  
 Afternoon  
 Any Shift

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand that proof of age may be required upon employment. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. While employed by this company I agree not to engage in any other business or employment without the consent of this company.

If employment results from this application, I understand that additional personal data or a physical examination may be required if I am eligible for benefits.

I authorize all previous employers to furnish this company with any information they may have regarding my employment and my reason for leaving, and I release my prior employers and this company from all liability for and damage resulting from the information provided.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR INTERNAL USE ONLY

INTERVIEWER \_\_\_\_\_

DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

Accepted

Not Accepted