



EMPLOYMENT APPLICATION

Equal access to programs, services and employment are available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resource Department.

GENERAL INFORMATION *(Please print)*

Date	Position(s) applying for:	
How did you hear about us?		
<input type="checkbox"/> Drove-by	<input type="checkbox"/> CESG Website	<input type="checkbox"/> Job Board (Indeed, Monster...)? Which:
<input type="checkbox"/> Staffing Agency	<input type="checkbox"/> Gov't Agency	<input type="checkbox"/> Employee or Other? Specify:
Last Name	First	Middle
Street Address		
City	State	Zip Code
Best contact number	E-mail address	

May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work?
Have you filled-in an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you worked with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:
Are you legally eligible for employment in this country? (Proof of U.S. Citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under the age of 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of employment desired?		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
<input type="checkbox"/> Intern	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Co-op
Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many miles (one-way) are you willing to commute to jobsites?	
Willing to travel (out of town work)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many miles:	How many days:

ADDITIONAL INFORMATION

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State:	Do you have a valid identification card? <input type="checkbox"/> Yes <input type="checkbox"/> No State:
Electrical License type(s)/number(s)	State(s)

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Company (most recent)		Phone
City	State	Zip Code
Job Title	Supervisor/Manager	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:	Starting Pay \$ / Hr. Wk. Mo. Yr. (circle one)	Current or Final Pay \$ / Hr. Wk. Mo. Yr. (circle one)
Reason for leaving?		
Responsibilities:		

Company		Phone
City	State	Zip Code
Job Title	Supervisor/Manager	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:	Starting Pay \$ / Hr. Wk. Mo. Yr. (circle one)	Final Pay \$ / Hr. Wk. Mo. Yr. (circle one)
Reason for leaving?		
Responsibilities:		

Company		Phone
City	State	Zip Code
Job Title	Supervisor/Manager	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:	Starting Pay \$ / Hr. Wk. Mo. Yr. (circle one)	Final Pay \$ / Hr. Wk. Mo. Yr. (circle one)
Reason for leaving?		
Responsibilities:		

Company		Phone
City	State	Zip Code
Job Title	Supervisor/Manager	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:	Starting Pay \$ / Hr. Wk. Mo. Yr. (circle one)	Final Pay \$ / Hr. Wk. Mo. Yr. (circle one)
Reason for leaving?		
Responsibilities:		

COMMENTS

Use this space to explain any gaps in employment.

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SKILLS AND QUALIFICATIONS

List any special training, skills, driver's licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

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EDUCATIONAL BACKGROUND

List the last three (3) schools you attended, starting with the most recent.

School/Program	Years Completed	Degree/Diploma	GPA	Major

LANGUAGES

List ALL language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

List the names and telephone numbers of two business/work references that *are not* related to you and *are not* previous supervisors. If none, list three school or personal references that *are not* related to you.

Name	Phone number	Years known

PROJECTS

Have you supervised other workers? Yes No If yes, what is the most: _____ (number of people you've supervised)

List your most recent projects, including the company, supervisor and the number of workers you supervised (if applicable).

Project name	Company	Supervisor	How many did you supervise?

AN EQUAL OPPORTUNITY EMPLOYER

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from Critical Electric Systems Group, LLC's service, if I have been employed.

I give Critical Electric Systems Group, LLC the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Critical Electric Systems Group, LLC is an Equal Opportunity Employer. Critical Electric Systems Group, LLC does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, Critical Electric Systems Group, LLC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is Critical Electric Systems Group, LLC's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

This application is current for only 30 days. At the conclusion of this time, if I have not heard from Critical Electric Systems Group, LLC and still wish to be considered for employment, it will be necessary to fill in a new application.

Applicant's Signature

Date

ELECTRICAL SKILLS AND EXPERIENCE

Complete the following.

Are you willing to attend school (apprentices only)? Yes No

Are you open to advanced training? Yes No If yes, list types: _____

Enter how much electrical experience you have with each of the following. If none, leave blank.

Material	Length of Experience		List Pipe Sizes ($\frac{1}{2}$ " , $\frac{3}{4}$ " , etc.)
EMT Conduit	Yrs.	Mos.	
IMC Conduit	Yrs.	Mos.	
GRC Conduit	Yrs.	Mos.	
Duct Banks	Yrs.	Mos.	
Armored Cable/MC	Yrs.	Mos.	
Romex	Yrs.	Mos.	

Select all items that you have experience with and would like to discuss during your interview.

<input type="checkbox"/> Panel Boards	<input type="checkbox"/> Control Wiring	<input type="checkbox"/> Single-Pole Switches
<input type="checkbox"/> Junction Boxes	<input type="checkbox"/> Motor Control Centers	<input type="checkbox"/> Three-way Switches
<input type="checkbox"/> Branch Circuit Wiring	<input type="checkbox"/> Motor Starters	<input type="checkbox"/> Landscape Lighting Fixtures
<input type="checkbox"/> Wireways	<input type="checkbox"/> Dimmer Control Panels	<input type="checkbox"/> Track Lighting Fixtures
<input type="checkbox"/> Feeder Wiring	<input type="checkbox"/> Branch Device Boxes	<input type="checkbox"/> Lay-in Lighting Fixtures
<input type="checkbox"/> Switch Boards	<input type="checkbox"/> Wire Molds/Raceways	<input type="checkbox"/> Surface Mount Lighting Fixtures
<input type="checkbox"/> Main Switchgear	<input type="checkbox"/> Receptacles	<input type="checkbox"/> Recessed Lighting Fixtures
<input type="checkbox"/> Transformer Pads	<input type="checkbox"/> GFI Receptacles	<input type="checkbox"/> Parking Lot Lighting Fixtures

Enter how much electrical experience you have with each of the following. If none, leave blank.

Electrical Experience	New Construction		Service/Maintenance		Motor/Lighting Controls		Data/Technical	
Commercial	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.
Industrial	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.
Residential	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.
Other:	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.	Yrs.	Mos.