

# EMPLOYMENT APPLICATION

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We will take affirmative action to ensure that during the interview process and employment, applicants and employees are treated without discrimination based on race, color, religion, sex, age, national origin, handicap or marital status. We only hire individuals authorized for employment in the United States.

**Instructions:** In filling out your application, you are requested to furnish complete and accurate information concerning your employment. All applications are verified. A false or incomplete application will not be considered and can be used as a reason for discharge.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
No., Street City State Zip Code

How long at above address? \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(for insurance use)

Are you an U.S. Citizen?  Yes  No

If not, do you have a legal right to work permanently in the United States?  Yes  No

Marital Status:  Single  Married  Divorced/Separated /Widowed

Are you 18 years of age or older?  Yes  No

Do you have a Driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you had your driver's license suspended/revoked in the last 3 years?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of DWI?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

### JOB INTEREST

Position Applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per/hr.

Are you seeking: Full-time  Part-time  Temporary  employment? When can you start? \_\_\_\_\_

Are you available to work overtime when necessary?  Yes  No

### MISCELLANEOUS

Are you presently employed?  Yes  No If yes, can we contact your employer?  Yes  No

Have you ever been fired or asked to resign?  Yes  No If yes, explain: \_\_\_\_\_

Amount of time lost from work during the last two (2) years: \_\_\_\_\_

Please explain: \_\_\_\_\_



**PERSONAL REFERENCES**

Name & Address	Telephone Number	Occupation	Relationship to You

**Person to contact in Case of Emergency**

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

**PLEASE READ THESE STATEMENTS CAREFULLY**

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be immediate ground for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment and educational background, any criminal record and mode of living, whichever may be applicable.

I do understand that if I am hired, I will be a representative of ZAM Electric Incorporated while on the job and shall conduct myself in an orderly manner. Any conduct that is considered to be discourteous or disrespectful may result in immediate dismissal.

I have read and understand the above statements and agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notice of Review & Evaluation for Continued Employment**

In the event you are hired for employment by ZAM Electric Inc., your position & salary will be subject to a ninety (90) day evaluation of your performance and suitability for employment. Because ZAM Electric will be entering an agreement of salary upon your testimony of your performance and work experience we feel it is a necessary process to ensure you are receiving the correct compensation for your performance. It is understood that this evaluation period is designed to determine your suitability for continued employment by assessing your skills, performance and interpersonal relationships. It is also a time for you to assess ZAM Electric as your employer. It is further understood you may be called to a meeting of review before the ninety-day (90) period if it is deemed necessary and your salary may be increased, decreased or remain at the agreed hiring rate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MOTOR VEHICLE REPORT REQUEST FORM**

I, \_\_\_\_\_, hereby agree and grant

permission to **ZAM ELECTRIC INC.** to secure and review my motor vehicle record.

I hereby understand that this review is for insurance underwriting purposes only.

DRIVER'S LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SIGNED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

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