

# STANDARD ELECTRIC FAMILY OF COMPANIES

## EMPLOYMENT APPLICATION

You must complete the entire application and sign where indicated. Incomplete information may disqualify you from consideration.

### APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

Present Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Best telephone number to reach you at: \_\_\_\_\_

Are you at least 18 years or older?

Yes

No

Are you legally authorized to work in the United States?

Yes

No

As required by law, documents that prove identity and eligibility to work must be provided at the time of hire.

Are there other names under which you have worked or attended school?  Yes

No

If yes, please list for reference checking purposes: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_

Do you want to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Specify days and hours available: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

Have you applied for employment with this company within the last 12 months?  Yes  No

Have you ever worked for us before?  Yes  No

*If yes, please provide your name of record at that time, job title and dates of employment.*

\_\_\_\_\_  
\_\_\_\_\_

How were you referred to our company?  Staffing Agency  Careers Page  Friend/Relative  Social Media  
 External Job Board Site  
 Other (please indicate) \_\_\_\_\_

### EDUCATION

School	Name and Location (City, State)	Course of Study	Number of Years Attended	Diploma or Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____

### SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education, or volunteer experiences, etc. Do not include experiences which would indicate race, religion, gender, national origin, genetic information, disability or age or any other status protected by law or regulation.

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## EMPLOYMENT HISTORY

(Please Start With Your Most Recent Position; use separate sheet as necessary to fully document your employment history)

Name Of Employer:	Address:
Telephone Number:	Name And Title Of Supervisor:
Dates Employed:    From:        To:	Reason For Leaving:
Position:	
Brief Description Of Your Work And Responsibilities:	
Has your employment with this employer ever been involuntarily terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of termination and reason for termination: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:	

Name Of Employer:	Address:
Telephone Number:	Name And Title Of Supervisor:
Dates Employed:    From:        To:	Reason For Leaving:
Position:	
Brief Description Of Your Work And Responsibilities:	
Has your employment with this employer ever been involuntarily terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of termination and reason for termination: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:	

Name Of Employer:	Address:
Telephone Number:	Name And Title Of Supervisor:
Dates Employed:    From:        To:	Reason For Leaving:
Position:	
Brief Description Of Your Work And Responsibilities:	
Has your employment with this employer ever been involuntarily terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of termination and reason for termination: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:	

Name Of Employer:	Address:
Telephone Number:	Name And Title Of Supervisor:
Dates Employed:    From:        To:	Reason For Leaving:
Position:	
Brief Description Of Your Work And Responsibilities:	
Has your employment with this employer ever been involuntarily terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of termination and reason for termination: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:	

**I hereby give permission to contact the employers as indicated above concerning my prior work experience (except where noted).**

**Signature of Applicant** \_\_\_\_\_

## PROFESSIONAL REFERENCES

Please provide the names of three business references that are not related to you.

Name	Phone Number	Email	Relationship	Years Known
1.				
2.				
3.				

## SIGNATURE

**APPLICANT: Please read the following carefully before signing this application.**

- I certify that all the information contained in this application is true and complete.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process may eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the senior business leader of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that the company may conduct a criminal background investigation of me for the position for which I am applying and that a separate authorization to do so will be required. A conviction is not an automatic bar to consideration and/or employment

### Equal Employment Opportunity Policy

The company is committed to a policy of granting equal opportunities to all qualified persons without regard to race, color, gender, religion, age, physical handicap, or national origin. To deny anyone the opportunity to contribute to our effort is an injustice, not only to the individual but to the organization as well. It is the intent and desire of the company that equal opportunities will be provided in employment, promotion, wages, benefits, and all other privileges, terms, and conditions of employment. The company is committed to filling positions with the most qualified candidates.

**By signing below, I acknowledge that I have read and understand the above statements.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Applicant)

Thank you for your interest in Standard Electric Supply Co.!