

Jackson Electrical Construction LLC
P.O. Box 660 Wellston, Ok. 74881
Phone: (405) 356-9335 Fax: (405) 356-9331 OK 841
Email application to careers@jacksonelectricok.com

EMPLOYMENT APPLICATION

An equal Opportunity Employer

Application must be completed in its entirety for employment consideration

Last Name	Middle	First	Soc. Sec. No.
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Street Address	Home Phone No.
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City	State	Zip Code	Position Applying for
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Have you ever applied for employment or been employed by this company? Yes No

to

If yes, Location, Month and Year	Referred By
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Have you been convicted of a felony within the last 7 years? Yes No

If yes, explain:

Wage Expected? _____ \$ Per Hr/Wk

Are you legally eligible for employment in the U.S.? Yes No _____ Age, if under 18

Will you work overtime or shift work? Yes No Date Available: _____

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Education

High School

Location

Course Study

Years of Study

Years Completed

Did you graduate?

Degree/Diploma

College

Location

Course Study

Years of Study

Years Completed

Did you graduate?

Degree/Diploma

Vo-Tech/Trade or Apprentice Courses

Location

Course Study

Years of Study

Years Completed

Did you graduate?

Degree/Diploma

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Experience & Reference(s)

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. You should include Military Service Assignments.

MOST RECENT EMPLOYER:

Are you currently working for this employer? Yes No
if yes, may we contact? Yes No

Company name	City	State	Phone No.
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Dates Employed	Job Title	Supervisor's Name
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Duties: Salary _____

Reason(s) for Leaving:

SECOND MOST RECENT EMPLOYER

Company name	City	State	Phone No.
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Dates Employed	Job Title	Supervisor's Name
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Duties: Salary _____

Reason(s) for Leaving:

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THIRD MOST RECENT EMPLOYER

Company name	City	State	Phone No.
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Dates Employed	Job Title	Supervisor's Name
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Duties: Salary _____

Reason(s) for Leaving:

List four people familiar with your work record and/or liabilities. Please do not include relatives.

1 st Name	Address	Phone	Years Known
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2 nd Name	Address	Phone	Years Known
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3 rd Name	Address	Phone	Years Known
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4 th Name	Address	Phone	Years Known
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JOB RELATED SKILLS/REQUIREMENTS

Do you have a valid driver's license? Yes No D.L. No. _____
Type of driver's license: _____

Do you hold a journeyman electrician license or any other electrician license with any state, county or municipality? If yes, please list the license number(s), dates(s) of license(s) and location of issue:

License Number	Date of License	Location of Issue

Are you willing to take a drug test if required as part of your application? Yes No

If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after a hiring decision is made)? Yes No

Have you been given a job description or had the requirements of the job explained to you?
Yes No

Do you understand the requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation?
Yes No

Have you had safety training for electrical work? Yes No

I certify and guaranty that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by Jackson Electric, in my dismissal. I furthermore understand that this application is an original and is void and null after five days of completion and it has been explained to me that Jackson Electric hires in numerical order of applications received.

Signature of Applicant: _____ **Date:** _____

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Do Not Write Below This Line

Interviewed by: _____
Hired ____yes ____no Date _____
Position _____
Salary/Wage _____ Starting
Date _____

EMPLOYEE INFORMATION SHEET

PART 1 (PLEASE PRINT LEGIBLY)

A: Employee Name: _____
B: Address: _____
C: City, State, and Zip: _____
D: Social Security Number: _____
E: Telephone: _____
F: Date of Birth: _____

PART 2

A: Are you a Journeyman or Apprentice? (Circle One)
B: License # _____
C: Control # _____
D: Expiration Date: _____

PART 3

A: IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Contact Name	Telephone #	Relationship
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List any medical allergies or conditions.

1. _____
2. _____
3. _____
4. _____