



EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

FOR OFFICIAL USE ONLY			
Drug Test:	ID#1:	ID#2:	W/C Check:
Authorized Signature:	Start Date:	Job:	Salary:

POSITION APPLIED FOR			
Position:			
Salary Desired		Date Available	
Have you ever worked for this company before? If so, When?			

GENERAL INSTRUCTIONS/CONDITIONS
<ul style="list-style-type: none"> •Please type or print in ink. •To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying. •We are a Drug Free Workplace. ALL applicants will be tested. •All information you submit is subject to verification. •Sentry Electric, Inc. hires only U. S. citizens and lawfully authorized alien workers. •To be considered for employment, you must be physically capable of sustained climbing, standing, walking, stooping, kneeling, crouching, reaching, pushing, lifting, grasping, and making fine manipulations. You must be able to perform physical work, exerting 75 lbs. occasionally, and up to 25 lbs daily.

HOW DO WE CONTACT YOU			
Name			
Social Security #			
Mailing Address			
City	County	State	Zip Code
Home Phone	Bus. Phone	Cell Phone	
Emergency Contact / Phone #			

EDUCATION

HIGH SCHOOL:	
NAME/ADDRESS OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/> None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Journeyman, Master, etc

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency
Driver License				

EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section **must** be completed.

1 Name of Present or Last Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR

Duties and Responsibilities: _____

Reason for Leaving: _____

SKILLS

List the skills you possess and believe relevant to the position you seek, such as operating heavy equipment, Running Conduit, Bending Pipe, etc.

TOOLS OWNED

List all tools that you currently own that are required for employment as an Electrician/Helper

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR?

Yes No

If "yes," what charges? _____
Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes No

If "yes," what charges? _____
Where? _____ Date _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes No

If "yes," what charges? _____
Where? _____ Date _____

CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes No

NOTE: Sentry Electric, Inc. hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

CERTIFICATION:

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Sentry Electric, Inc. for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____

DATE: _____

THE FOLLOWING SHOULD ONLY BE COMPLETED AFTER YOU ARE HIRED

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

A. SEX: ____ MALE ____ FEMALE B. ____ MARRIED ____ SINGLE

C. DATE OF BIRTH Month _____ Day _____ Year _____

D. RACE (Check One Only):

____ WHITE ____ BLACK ____ HISPANIC ____ ASIAN OR PACIFIC ISLANDER

____ NATIVE AMERICAN OTHER (Specify) _____

HEALTH STATEMENT FOR EMPLOYMENT

Statement of Purpose:

The purpose of this questionnaire is to provide the employer with knowledge about the employee—specifically about any pre-existing conditions of disability which may entitle the employer to reimbursement from Florida's Special Disability Trust Fund (Florida Statute 440.49). The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring; advancement or discharge of employees; employee compensation; job training; and under other terms, conditions and privileges of employment.

If you answer yes to any of the following questions, please provide further information.

Is there any aspect of your state of health that may restrict you or impair your ability to work? Yes No

Are you currently or regularly taking any medications, special diets, or injections? Yes No

Are you under the care of a hospital doctor, attending or waiting for any hospital in- or out-patient treatment? Yes No

Do you or have you ever suffered from or received treatment for any of the following:

Heart Conditions Yes No

Herniated Disk Yes No

Vascular Disorder Yes No

Thrombophlebitis Yes No

Surgical Removal of a Disk/Spinal Fusion Yes No

Chronic Osteomyelitis Yes No

Back Problems/Injury Yes No

Epilepsy Yes No

Asthma Yes No

Hemophilia Yes No

Ankylosis of a major weight bearing joint Yes No

Polio Yes No

Arthritis Yes No

Knee Problems/Injury Yes No

Multiple Sclerosis Yes No

Total/Partial Loss of Sight Yes No

Neck Problems/Injury Yes No

Wears Glasses Yes No

Hyperinsulinism Yes No

Total Deafness Yes No

Marie Strumpell Disease Yes No

Rupture or Hernia Yes No

Diabetes Yes No

High Blood Pressure Yes No

Hearing Defects Yes No

Amputation of Foot/Leg/Arm/Hand Yes No

Parkinson's Disease Yes No

Muscular Dystrophy Yes No

Allergies Yes No

Mental Problems Yes No

Cerebral Palsy Yes No

Psychoneurotic Disability Yes No

If you answered YES to any of the above questions, please explain: _____

Have you ever had any other surgery not mentioned above? Yes No. If YES, please explain: _____

Have you ever received a disability rating, or had one assigned to you by an insurance company and/or State/Federal Agency? Yes No. If YES, please state the percentage _____%

Are you receiving any disability benefits? Yes No

I authorize the investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is caused for immediate dismissal.

Signature: _____ Date: _____
