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APPLICATION FOR EMPLOYMENT

FAILURE TO COMPLETE ALL SECTIONS OF THIS APPLICATION MAY DISQUALIFY AN APPLICANT FROM CONSIDERATION.
SMITH-DRESSLER ELECTRICAL SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL INFORMATION

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER: _____ ARE YOU 18 YEARS OLD OR OLDER? ___ YES ___ NO

ARE YOU A US CITIZEN? ___ YES ___ NO ARE YOU AUTHORIZED TO WORK IN THE USA? ___ YES ___ NO

SOCIAL SECURITY #: _____ DRIVER LICENSE #: _____ DATE OF BIRTH: _____

EMPLOYMENT DESIRED

POSITION : _____ DATE AVAILABLE TO START: _____

SALARY DESIRED: _____ FULL TIME / PART TIME: _____

ARE YOU EMPLOYED NOW? ___ YES ___ NO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EDUCATION

HIGHEST GRADE COMPLETED IN HIGH SCHOOL: _____ NAME OF HIGH SCHOOL: _____

DID YOU RECEIVE A DIPLOMA OR A GED? ___ YES ___ NO US MILITARY EXPERIENCE: _____

NUMBER OF YEARS ATTENDED AT TRADE SCHOOL: _____ JUNIOR COLLEGE: _____ COLLEGE _____

DEGREES RECEIVED: _____ ANY FORMAL SAFETY TRAINING/CERTIFICATIONS: _____

FUTURE DESIRES OR GOALS: _____

TRADE EXPERIENCE (i.e. Projects worked on, service sizes and voltages, controls, energy management, etc.)

CURRENT TRADE LICENSES HELD (STATE & LIC #): _____

RECENT NEC/CEU OR OTHER CLASSES ATTENDED (OSHA 10, etc.): _____

(CONTINUED ON OTHER SIDE)

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FORMER EMPLOYMENT (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.)

EMPLOYER'S NAME/ LOCATION	EMPLOYER'S PHONE #	START DATE/ END DATE	POSITION/ PAY RATE	REASON FOR LEAVING

DUTIES: _____

EMPLOYER'S NAME/ LOCATION	EMPLOYER'S PHONE #	START DATE/ END DATE	POSITION/ PAY RATE	REASON FOR LEAVING

DUTIES: _____

EMPLOYER'S NAME/ LOCATION	EMPLOYER'S PHONE #	START DATE/ END DATE	POSITION/ PAY RATE	REASON FOR LEAVING

DUTIES: _____

REFERENCES: LIST TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	CITY, STATE	TELEPHONE #	RELATIONSHIP	YEARS KNOWN

WERE YOU EVER CONVICTED OF A CRIME? ___ YES ___ NO FELONY OR MISDEMEANOR? _____
 (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.)

IF YES, PLEASE STATE THE NATURE OF THE OFFENSE, WHEN & WHERE IT OCCURRED, AND THE OUTCOME OF THE CONVICTION? _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE, TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I HEREBY RELEASE ALL PARTIES FROM ANY LIABILITY AS A RESULT OF SUCH INVESTIGATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITH OR WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

SIGNATURE

DATE

NOTE: ALL EMPLOYEES HIRED ARE CONSIDERED PROBATIONARY FOR 60 DAYS FROM THE HIRE DATE.

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