

## PJ Kampo Electric Inc.

## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date			
Last name First name			Middle name
Street Address			
City	State	ZIP	
Telephone			
Position applied for			
How did you hear of th	nis opening?		
When can you start? _		Desired Wage	\$
Are you a U.S. citizen may be required to pro			J.S. on an unrestricted basis? (You
Are you looking for fu	ll-time employme	ent? 🗆 Yes 🕒 No	
If no, what hours are y	ou available?		
Are you willing to wor	k swing shift? 🗖	Yes 🗖 No	
Are you willing to wor	k graveyard? 🗖 🗅	Yes □ No	
Have you ever been co ☐ Yes ☐ No	nvicted of a felon	y? (This will not neces	sarily affect your application.)
If yes, please describe	conditions		
Driving Record Clean?	Yes □ No		
If no, please explain			

## **Education**

School	ol Name and Location	Year	: Major	Degree
High School				
College				
Other Training				
In addition to your w should consider?	ork history, are there other ski	lls, qualifications, or	experience	e that we
Employment Histor	ry (Start with most rec	ent employer)		
Company Name				
Address		Telephone		
Date Started	Starting Wage	Starting Posi	tion	
Date Ended	Ending Wage	Ending Pos	ition	
Name of Supervisor				
May we contact? $\Box$	Yes 🗆 No			
Responsibilities				
Peason for leaving				
icason for leaving _				
Company Name				
Date Started	Starting Wage	Starting Po	sition	
Date Ended	Ending Wage	Ending Pos	ition	
Name of Supervisor				

May we contact? $\Box$	Yes $\square$ No		
Responsibilities			
Reason for leaving _			
Company Name			
Address	Telephone		
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor _			
May we contact? $\Box$	Yes 🗖 No		
Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? $\Box$	Yes 🗖 No		
Responsibilities			
Reason for leaving _			
References:			
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature	Date
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