



APPLICATION FOR EMPLOYMENT

Complete all parts. Sign and date where indicated.

DATE _____

NAME _____ SOC. SEC. # _____
Last First Middle

ADDRESS _____
City State Zip Code

PHONE # _____ REFERRED BY _____

Northern Electrical Testing, Inc. is an equal opportunity employer and does not discriminate against any applicant or employee on the basis of age, race, creed, color, sex, religion, marital or veteran status, height, weight, or the presence of a medical condition or disability. Northern Electrical Testing, Inc. will afford equal opportunity with respect to hiring, firing, promotion, demotion, transfer, layoff, termination, and rates of pay.

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

Are you a U.S. citizen () Yes () No

Are you legally authorized to work in the U.S.? () Yes () No Are you 18 or older? () Yes () No

Position Desired: _____ Date you can start: _____

Full Time or Part Time: _____ Temporary Position: () Yes () No

Hourly Rate Desired: _____ Are you employed now? _____

May we inquire of your present employer? _____ If not, Why? _____

Have you signed, or are you bound by any non-competition agreements with any firms, persons, etc.? () Yes () No

Please Detail _____

Ever applied to this Company before? _____ List Date(s) _____

Have you ever worked at this Company before? _____ List Date(s) _____

Do you presently consume tobacco products? () Yes () No _____

Have you ever been convicted of a criminal offense? () Yes () No What Offense? _____

If so, when, where and nature of offense? _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	GRADUATE? (Y/N)	MAJOR
High School				
College				
Other				



Courses now studying _____

U.S. Military, Naval Service, Active Military or Reserve Status: _____

Character of service: _____ Narrative reason for separation: _____

Certificate of release or discharge from active duty form must be attached for persons discharged less than four years, or not completing full tour of duty.

Present membership in Active Military or Reserve? _____

FORMER EMPLOYERS: (List below four employers, starting with the last one first)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PAY RATE	POSITION	REASON FOR LEAVING
From To				
From To				
From To				
From To				

REFERENCES: Give below, the names of three persons not related to you, whom you have known at least one year.

1. _____

Name	Address	Business	Yrs. Acquainted
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2. _____

Name	Address	Business	Yrs. Acquainted
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3. _____

Name	Address	Business	Yrs. Acquainted
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NOTE: If hired, federal law requires that you furnish documentation establishing your identity and eligibility to work in the United States.

Are you licensed as an industrial construction electrician by the city, state or federal government? _____ If so, please list the licensing body and license number. _____

Do you have any other employment or "side line" businesses? _____ If so, please detail _____

Will you be continuing this outside business if employed by Northern Electrical Testing, Inc.? () YES () NO

MEMBERSHIPS: Are you a member of any trade, technical or professional organizations which serve to educate, promote, develop, elevate the level of competence, or otherwise promote either the employee or the Company to our clients and/or the general public?

_____: Please list and give details. _____

