

# Summerville Electric, Inc.

## Application for Employment (Equal Opportunity Employer)

### General

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address (Commercial motor vehicle driver applicants include preceding 3 years. Attach separate sheet if needed.)

\_\_\_\_\_  
How Long? \_\_\_\_\_  
\_\_\_\_\_  
How Long? \_\_\_\_\_  
\_\_\_\_\_  
How Long? \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

If employed and under 18, can you furnish a work permit?  Yes  No

Have you ever been employed by this company?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

If yes, give name: \_\_\_\_\_

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required, do you have a valid driver's license in this state?

License # \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?

Are you available to work  Full-Time  Part-Time  Over-time

### Education

	Elementary	Secondary	College	Graduate
School Name and Address	_____	_____	_____	_____
	_____	_____	_____	_____
Grade Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

*This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.*

### Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: \_\_\_\_\_

\_\_\_\_\_

### References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Employment Experience (Drivers include preceding 10-years if employment included commercial motor vehicle operation. Attach separate sheet if needed.)

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

.....

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

.....

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

.....

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

# Summerville Electric, Inc.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Summerville Electric, Inc.** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **Summerville Electric, Inc.** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **Summerville Electric, Inc.** or at my option, without notice, at any time and for any reason.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.*

# Summerville Electric, Inc.

## Commercial Driver Application Supplement

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Yes  No

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### License Information

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi- Trailer				
Tractor - Two Trailers				
Other				

### Accident Record for Past 3 Years or More (attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number Fatalities	Number Injuries	Hazmat Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Date Convicted	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or prints)

(attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
If yes, explain \_\_\_\_\_