

GPS Electric Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions.

| PERSONAL DATA | | | | | | | | | | | | |
|---|---|--|--------------------------------|---------------------------|--------|---|--------------------|---|-------------|--|--|--|
| Name (last, first, middle) | | | | | | | | | | | | |
| Street Address and/or Ma | City | | | | State | Zip | | | | | | |
| Home Telephone Numbe | Business Telephone Number | | | Cellular Telephone Number | | | | | | | | |
| Date you can start work | | | Salary Desired | | | Do you have a High School Diploma or GED? Yes □ No □ | | | | | | |
| POSITION INFOI | POSITION INFORMATION Check all that you are willing to work | | | | | | | | | | | |
| Hours: Full Time Days Part Time Eveni | | | Swing Graveyard Weekends Swing | | | Status: Regular | | | | | | |
| Are you authorized to work in the U.S. on an unrestricted basis? Yes No | | | | | | | | | | | | |
| Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No If yes, explain: | | | | | | | | | | | | |
| Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes No | | | | | | | | | | | | |
| Can you perform these essential functions of the job with or without reasonable accommodation? Yes No | | | | | | | | | | | | |
| QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. | | | | | | | | | | | | |
| | School Name | | | | Degree | | Address/City/State | | | | | |
| School | | | | | | | | | | | | |
| School | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references. | | | | | | | | | | | | |
| Name | | | Address/City/State | | | P | hone | R | elationship | | | |
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| WORK HISTORY Start with your present or most recent emplo | oyment and work b | ack. Use separate sheet if necessary | v. (INCLUDE PAID AND UNPAID POSITIONS) | | |
|---|--------------------|--|---|--|--|
| Job Title #1 | Start Date (mo/ | day/yr) | End Date (mo/day/yr) | | |
| Company Name | Supervisor's Na | ame | Phone Number | | |
| City | State | | Zip | | |
| Duties: | | | | | |
| Reason for Leaving | | Starting Salary | Ending Salary | | |
| May we contact your present employer? | Yes | No N/A | | | |
| Job Title #2 | Start Date (mo/ | day/yr) | End Date (mo/day/yr) | | |
| Company Name | Supervisor's Na | ame | Phone Number | | |
| City | State | | Zip | | |
| Duties: | 1 | | | | |
| Reason for Leaving | | Starting Salary | Ending Salary | | |
| Job Title #3 | Start Date (mo/ | day/yr) | End Date (mo/day/yr) | | |
| Company Name | Supervisor's Na | ame | Phone Number | | |
| City | State | | Zip | | |
| Duties: | • | | | | |
| Reason for Leaving | | Starting Salary | Ending Salary | | |
| Job Title #4 | Start Date (mo/ | day/yr) | End Date (mo/day/yr) | | |
| Company Name | Supervisor's Na | ame | Phone Number | | |
| City | State | | Zip | | |
| Duties: | | | _ I | | |
| Reason for Leaving | | Starting Salary | Ending Salary | | |
| I certify that the facts set forth in this Application for Employed, false statements, omissions or misrepresentations may acts set forth in this application and release GPS Electric from a | y result in my dis | smissal. I authorize GPS Electr S Electric may contact any listed | ic to make an investigation of any of the | | |
| pplicant Electronic Signature | | Date | | | |