

EVER READY ELECTRIC, INC.

“For all your electrical needs...we’re EVER READY!”

6900 Pape Road, Mazomanie, WI 53560
 Phone (608) 643-3429 Fax (608) 643-5242
ere@everreadyelectric.net

PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

DATE _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		Email Address	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

CONTINUED ON OTHER SIDE

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FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRSS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCE GIVE BELOW THE NAMES OF THREE SPERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	Telephone Number	BUSINESS	YEARS KNOWN

AUTHORIZATION

“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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

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DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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VOLUNTARY INFORMATION

Ever Ready Electric, Inc. has adopted an Affirmative Action Plan in compliance with the Federal Law. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and judge the effectiveness of our recruitment efforts. The information will be used in accordance with State and Federal Law which forbids discrimination based on this information.

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	RACE OR ETHNICITY <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> White <input type="checkbox"/> Other (specify)	HOW DID YOU LEARN OF THIS VACANCY?
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NONDISCRIMINATION ON THE BASIS OF DISABILITY

“Qualified individuals with disabilities...shall not solely by reason of their disability be excluded from participation in, or be denied the benefits of, or, be subjected to discrimination under any program or activity” (Section 5.04 of the Rehabilitation Act of 1973, 29 U.S.C. 706(8), 794). In accordance with the preceding and Section 1630.4, EEOC Americans with Disabilities Act Employment Regulations, Ever, Ready Electric, Inc., invites applicants for employment to indicate whether and to what extent they are disabled. The following information is intended for use solely in connection with our employment record keeping efforts, and is to be provided on a voluntary basis. It will be kept confidential and it will be used only in accordance with the applicable laws. Refusal to provide this information will NOT subject you to any adverse treatment.

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2(g) and Section 504 of the Rehabilitation Act of 1973, a “Disabled Person” means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such impairment.

Based on the above, please check this box if you feel you qualify:

Yes, I feel I DO qualify as an individual with a disability

What special assistance/modification would help you compete in the employment process, i.e., written, performance, oral exam? (For example: sign language interpreter, special aids reader or writer, etc.)

You may be required to provide the Human Resources Department with written verification from a doctor, rehabilitation counselor or other authorized person confirming your disability and indicating a reasonable accommodation.