

# APPLICATION FOR EMPLOYMENT



As part of the application process, **Doctor Electric** may conduct background checks on applicants.

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK			Today's Date	
Name			Social Security Number	
Address			How Long at address?	
City			State	Zip Code
Daytime Telephone ( ) ( )	Home Telephone ( ) ( )	E-mail Address		
Position for which you are applying				
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		If part time, specify hours or days		What is your minimum hourly requirement?
Do you have any commitments to another employer that might affect your employment with us?			Date available for work	

## EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/ Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: \_\_\_\_\_ Read/write: \_\_\_\_\_

Do you have a valid driver's license in this state? ☐ Yes ☐ No

**APPLICATION FOR EMPLOYMENT**



Military Experience? ☐ Yes ☐ No If Yes, what branch? \_\_\_\_\_ Rank at separation \_\_\_\_\_

**GENERAL INFORMATION**

Can you, after employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Are you 16 years old or over? If under 18, state age \_\_\_\_\_ ☐ Yes ☐ No

Were you previously employed by Doctor Electric? If Yes, give dates \_\_\_\_\_ ☐ Yes ☐ No

List any relatives working for Doctor Electric: \_\_\_\_\_

Can you perform the essential functions of the job? ☐ Yes ☐ No

Do you require any accommodation to perform the essential functions of the job? ☐ Yes ☐ No  
If Yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY****APPLICANT NAME** \_\_\_\_\_

List all work experience beginning with the present or most recent job (use back of application, if necessary).

Name of Employer	Type of Business
Address City	State Zip Code
Dates Employed From (month/year) – To (month/year)	Title
Name and Title of Supervisor	Telephone Number Or Email ( )
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for Leaving	Last Salary \$

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Address City	State Zip Code
Dates Employed From (month/year) – To (month/year)	Title
Name and Title of Supervisor	Telephone Number Or Email ( )
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
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Brief Description of Duties	
Reason for Leaving	Last Salary \$


CANT NAME \_\_\_\_\_

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		(     )
2.		(     )
3.		(     )

**Person to be notified in case of emergency:**

Name	Telephone (     )
Address	

**ADDITIONAL INFORMATION**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

**CRIMINAL RECORD INFORMATION**

**All Applicants:** Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

**Massachusetts Applicants:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. The applicant may exclude any convictions of misdemeanors which are more than five years old.

**California Applicants:** You may exclude convictions for possession of small amounts of marijuana if such convictions are more than two years old.

**Hawaii Applicants:** Do NOT answer the criminal record questions.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?

If yes, describe: \_\_\_\_\_

☐ Yes ☐ No

Are criminal charges now pending against you?

If yes, describe: \_\_\_\_\_

☐ Yes ☐ No

**AGREEMENT (Please read the following statement carefully.)****APPLICANT NAME** \_\_\_\_\_

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give **Doctor Electric** any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and **Doctor Electric**, from liability for any damage that may result from furnishing same to **Doctor Electric**.

I understand that **Doctor Electric** and its client have agreed that **Doctor Electric** will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under **Doctor Electric** workers' compensation insurance policy.

If employed by **Doctor Electric** and its client company, I agree to abide by the policies and procedures of **Doctor Electric** and its client company which includes **Doctor Electric** Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of **Doctor Electric**, the client company or myself. I further understand that no manager or representative of **Doctor Electric** or its client company other than the owner of **Doctor Electric** has any authority to enter into any agreement, oral or written, on behalf of **Doctor Electric** for a term of employment or to make any assurance or promise of continued employment.

I understand that **Doctor Electric** and/or its client company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a record check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by **Doctor Electric** as part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that **Doctor Electric** and/or its client company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box: ☐

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to **Doctor Electric** for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature

Date