

## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

PERSENT ADDRESS \_\_\_\_\_  
STREET CITY STATE/ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE/ZIP

PHONE NUMBER: \_\_\_\_\_ CELL PHONE/PAGER NUMBER: \_\_\_\_\_

DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES NO IF YES, PLEASE PROVIDE US WITH YOUR DRIVER'S LICENSE  
    NUMBER AND STATE OF ISSUE. \_\_\_\_\_

CAN YOU DRIVE STANDARD TRANSMISSION? YES NO \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____	_____

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

US MILITARY OR PRESENT MEMBERSHIP IN  
 NAVAL SERVICE RANK NATIONAL GUARD OR RESERVES

**SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES  CITIZEN OF U.S. YES NO

WEIGHT \_\_\_\_\_ LBS.  DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL QUESTIONS**

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS:

HAVE YOU ANY DEFECTS IN HEARING? IN VISION? IN SPEECH?

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NO.

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	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.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF MY WAGES AND SALARY, BE TERMINATED ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE SIGNATURE

INTERVIEWED BY DATE

-----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 DEPT. HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANTS SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. THIS FORM HAS BEEN RECREATED BY MELODI BUNN EMPLOYED WITH SCOTT ELECTRIC COMPANY.



361-884-6326  
TECL17174  
TX ACR 1694650



361-884-8909  
TACLA27295E

P.O. BOX 1819 - 2001 N. PORT AVENUE - CORPUS CHRISTI, TEXAS 78403 - FAX: 361-884-9612

## BACKGROUND INFORMATION FOR SEARCH

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including any criminal history and/or motor vehicle records.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled Rights Under the Fair Credit Reporting Act. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

(PLEASE PRINT CLEARLY)

FULL NAME: \_\_\_\_\_

Former, Prior and/or Maiden Names: (List all and the dates and reasons of the change)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_

Prior Addresses for the Past 7 Years (including dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Driver License Number: \_\_\_\_\_

State: \_\_\_\_\_

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit Scott Electric Company to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date