

Buckeye Electrical Employment Application Form

100 Commerce Drive, Botkins, OH 45306 - (937) 693-7519

Please email completed application to kplatfoot@buckeyeelectrical.com

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.
PLEASE COMPLETE BOTH SIDES OF PAGE.
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.

GENERAL INFORMATION:

NAME: _____ DATE: _____

PRESENT ADDRESS: _____

YRS. AT THIS ADDRESS: _____ SOCIAL SECURITY NO: _____

PHONE NUMBER: _____

IN UNDER 18, PLEASE LIST AGE: _____

DAYS/HOURS AVAILABLE FOR WORK:

POSITION APPLIED FOR: _____ No preference: _____ Thurs: _____

SALARY DESIRED: _____ Mon: _____ Fri: _____

PREFERRED # OF HRS PER WEEK: _____ Tues: _____ Sat: _____

FULL-TIME: PART-TIME: EITHER: Wed: _____ Sun: _____

AVAILABLE START DATE: _____ CAN YOU WORK NIGHTS? _____

IS THERE ANYTHING TO PROHIBIT YOU FROM
LIFTING 50 POUNDS? YES: NO:

IF YES, PLEASE GIVE BRIEF EXPLANATION: _____

EDUCATION:

PLEASE LIST NAME OF SCHOOL AND MAILING ADDRESS FOR EACH

	NO. OF YRS. COMPLETED	MAJOR / DEGREE
HIGH SCHOOL: _____		
COLLEGE: _____		
BUSINESS OR TRADE SCHOOL: _____		
CERTIFICATIONS: _____		

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES: NO:

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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MILITARY:

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES: NO:

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES: NO:

SPECIALTY: _____ DATE ENTERED: _____ DATE DISCHARGED: _____

WORK EXPERIENCE:

PLEASE LIST YOUR WORK EXPERIENCE FOR THE *PAST FIVE YEARS*, BEGINNING WITH YOUR MOST RECENT JOB YOU HELD. IF YOU WERE SELF-EMPLOYED, PLEASE GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.

1. NAME OF EMPLOYER: _____ NAME OF SUPERVISOR: _____

ADDRESS: _____ DATE, FROM: _____ TO: _____

REASON FOR LEAVING: _____

PHONE NUMBER: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

MAY WE CONTACT THIS EMPLOYER? YES: NO:

WAGE: _____

2. NAME OF EMPLOYER: _____ NAME OF SUPERVISOR: _____

ADDRESS: _____ DATE, FROM: _____ TO: _____

REASON FOR LEAVING: _____

PHONE NUMBER: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

MAY WE CONTACT THIS EMPLOYER? YES: NO:

WAGE: _____

3. NAME OF EMPLOYER: _____ NAME OF SUPERVISOR: _____

ADDRESS: _____ DATE, FROM: _____ TO: _____

REASON FOR LEAVING: _____

PHONE NUMBER: _____

POSITION HELD: _____ MAY WE CONTACT THIS EMPLOYER? YES: NO:

WAGE: _____

ADDITIONAL INFORMATION:

PLEASE LIST ANY OTHER INFORMATION RELEVANT TO THE JOB, PREVIOUS JOBS, OR APPLICATION:

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES: NO:

IF NOT, WHO DID? _____