



BIRKEL ELECTRIC
 652 TRADE CENTER BLVD.
 CHESTERFIELD, MO 63005

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS: You are not required to give information on this form where such information is expressly prohibited by Federal, State or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

Our employment practices are in full accord with State and Federal laws which prohibit discrimination because of race, color religion, age, sex, national origin, membership and activities on behalf of a labor organization, disabilities or ethnicity.

This application may not be reproduced and must be completed in our office or designated project site.

Important! This employment application will be valid for 30 days from application date. Incomplete applications will not be considered for employment with this company. If a question does not apply to you, print NA which means "not applicable". False or misleading statements on this employment application will result in its removal from consideration for any current or future employment opportunities with this company.

(Please Print)

Position Applied For		Date of Application		
Last Name	First Name	Middle Name		
Address		City	State	Zip Code
Telephone Number(s)		Email Address:		Social Security Number

Are you over 18 years of age?	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If yes, give date	Yes	No
Have you ever been employed with us before? If yes, give date:	Yes	No
Are you currently employed?	Yes	No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available for work?

Wage Requested:

Are you currently on a "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, please explain:

Do you hold a valid driver's license? Yes No
Driver's License number & state.

(Answer only if you have been informed that the position you desire required you to have a valid driver's license.)

If you are a referral, who referred you to us?

Are you available for overtime or shift work? Yes No

EDUCATION

	Name and Address	Course of Study	Years /Completed	Diploma/Degree
Elementary School				
High School				
College				
Other (specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities or other protected status.

Employer Dates Employed To

Work Performed

Address

Telephone Number(s)

Hourly Rate/Salary Job Title Supervisor

Reason for Leaving

Employer _____ Dates Employed _____ To _____

Work Performed _____

Address _____

Telephone Number(s) _____

Hourly Rate/Salary _____ Job Title _____ Supervisor _____

Reason for Leaving _____

Employer _____ Dates Employed _____ To _____

Work Performed _____

Address _____

Telephone Number(s) _____

Hourly Rate/Salary _____ Job Title _____ Supervisor _____

Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Especially construction skills in areas other than the primary skill applied for on this application (multi-skill).

Special Licenses

State any additional information you feel may be helpful to us in considering your application. Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? A description of the essential functions of such a job or occupation as discussed:

Yes No

References: Give the names of three persons not related to you, whom you have known at least one year.

Name:

Address: State Zip

Position: Telephone:

Name:

Address: State Zip

Position: Telephone:

Name:

Address:

Position: State Zip

Telephone:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for an open application period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time for any reason with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an officer of this organization.

I understand that incomplete employment applications will not be considered.

I hereby understand and acknowledge that if employed, my first 90 days with the company shall be considered an orientation period during which time I may not be eligible for certain benefits provided for employees who have completed their orientation period.

In the event of employment, I understand that, if hired, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer. Any offer of employment tendered to the applicant by this company is conditional and may be contingent upon successful completion of a drug and/or alcohol test and background information.

Signature of Applicant

Date

By typing my name I attest that all information given is accurate to the best of my knowledge.

