

**JACKSON ELECTRIC, INC. Employment Application Form**

P.O. Box 300308 · Austin, TX 78703 · (512) 554-6789 · Fax (855) 767-4597 · jackson@jeservice.com

**PLEASE PRINT ALL INFORMATION REQUESTED**

**DATE:** \_\_\_\_\_

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS. BY SUBMITTING THIS APPLICATION YOU AGREE TO A CRIMINAL BACKGROUND CHECK, REQUIRED BY OUR COMPANY.**

*Applications are considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.*

Name _____			
Last	First	Middle	Suffix/Maiden
Present address _____			
Street Address (no PO Box)		City	State      Zip
Date of Birth (please state if under 18): _____		Social Security No.      --      --	
Telephone (      )      ---      _____		Email _____	
Days/hours available to work (select or mark times):			
Mon _____	Tue _____	Wed _____	Thu _____
		Fri _____	Sat _____
		Sun _____	
How many hours can you work weekly? _____		Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> EITHER OR BOTH			
When are you available to start? _____		Is your schedule flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact (Name, Phone) _____			

EDUCATION				
	NAME of SCHOOL	LOCATION (City/State)	# YEARS COMPLETED	MAJOR or DEGREE
High School				
College				
Bus./Trade School				
Professional School				

<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		
_____ _____ _____ _____ _____		

<b>NOTE THAT IF YOU ARE HIRED FOR A DRIVING POSITION, YOU MUST PROVIDE PROOF OF DRIVER'S LICENSE, INSURANCE AND A COPY OF YOUR MOTOR VEHICLE REPORT, OBTAINED FROM THE DMV / DOT.</b>			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, what is your means of transport to work? _____			
Driver's License/ID # _____	Exp. Date _____	State of issue _____	Class _____
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many? _____	
Have you had any moving violations in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many? _____	

**JACKSON ELECTRIC, INC. Employment Application Form**

P.O. Box 300308 · Austin, TX 78703 · (512) 554-6789 · Fax (855) 767-4597 · jackson@jeservice.com

**OFFICE POSITIONS ONLY (if you are not applying for an office position, please skip this section.)**

Typing:  Yes  No  
WPM \_\_\_\_\_

10-Key:  Yes  No

Word Processing:  Yes  No  
WPM \_\_\_\_\_

Computer  Yes  No  
PC  Mac

Other Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELECTRICIAN POSITIONS: If you are an electrician, please provide the following information.**

License # \_\_\_\_\_ Select Your Current License:  Apprentice  Wireman  Journeyman  Master  
# Years at Current License Level: \_\_\_\_\_

**Please list two additional references (no relatives or previous employers).**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Applications sometimes make it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Let us know any projects you have worked on, products, and let us know if you have any particular strengths in certain applications.

Residential and Commercial  
Licensed and Insured

---

---

---

---

---

---

---

---

---

---

**PLEASE CONTINUE TO THE NEXT PAGE.**

**JACKSON ELECTRIC, INC. Employment Application Form**

P.O. Box 300308 · Austin, TX 78703 · (512) 554-6789 · Fax (855) 767-4597 · jackson@jeservice.com

**WORK EXPERIENCE – Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.**

**\*\*\*\*If you are applying for an electrician position, please include your completed Electrician Experience Verification Form (TDLR Form #ELC017) with this application. Your past work experience and references will be checked.\*\*\*\***

Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____	<b>Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
		From ___/___/___	Start _____
		To ___/___/___	Final _____
Job Title: _____			

Reason For Leaving (be specific): \_\_\_\_\_  
 \_\_\_\_\_

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

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

Are you currently working here?  Yes  No      May we contact this employer?  Yes  No

Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____	<b>Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
		From ___/___/___	Start _____
		To ___/___/___	Final _____
Job Title: _____			

Reason For Leaving (be specific): \_\_\_\_\_  
 \_\_\_\_\_

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

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

Did you complete this application yourself?  Yes  No      If not, who did? \_\_\_\_\_

I ATTEST THAT THE INFORMATION I HAVE PROVIDED IS CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_

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

Date \_\_\_\_\_