



# EMPLOYMENT APPLICATION

We Are An Equal Opportunity Employer

### Instructions

1. Save form as a PDF to your computer
2. Fill in form, save again as a PDF
3. Email completed application to [Human.Resources@bcew.net](mailto:Human.Resources@bcew.net)  
Alternate:  
Print form, fill in by hand, email to [Human.Resources@bcew.net](mailto:Human.Resources@bcew.net)

## PERSONAL INFORMATION

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

NAME		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

## REFERRAL INFORMATION

DID SOMEONE REFER YOU <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO REFERRED YOU		
IF YOU WEREN'T REFERRED, HOW DID YOU FIND OUT ABOUT US	<input type="checkbox"/> EMPLOYMENT ADVERTISEMENT	<input type="checkbox"/> SAW A COMPANY VEHICLE	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> INTERNET SEARCH	<input type="checkbox"/> FROM WORKING IN THE INDUSTRY	

## EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR	<input type="checkbox"/> ELECTRICAL HELPER	<input type="checkbox"/> ELECTRICAL MECHANIC	<input type="checkbox"/> OTHER (PLEASE LIST) _____
DATE YOU CAN START	DESIRED SALARY		
ARE YOU EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU APPLIED TO WORK AT BCEW IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN DID YOU APPLY		

## EDUCATIONAL HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/>	
COLLEGE			<input type="checkbox"/>	
TECHNICAL OR PROFESSIONAL SCHOOL			<input type="checkbox"/>	

## EMPLOYMENT HISTORY (PLEASE LIST LAST FOUR EMPLOYERS. LIST MOST RECENT EMPLOYER FIRST)

DATE	NAME AND LOCATION OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

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## GENERAL INFORMATION (PLEASE LIST ANY SPECIAL SKILLS, TRAINING, OR WORK EXPERIENCE)

U.S. MILITARY OR NAVAL SERVICE	RANK

## REFERENCES (PLEASE PROVIDE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	EMAIL ADDRESS	PHONE NUMBER	BUSINESS

## AUTHORIZATION

I certify that the facts contained in this employment application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employer's listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative,. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## CONSENT TO OBTAIN MOTOR VEHICLE RECORDS

It is hereby acknowledged by the undersigned that Bucks County Electric Works, Inc. may obtain motor vehicle records for use in making employment decisions. This includes whether or not to hire or terminate me. The undersigned does hereby give Bucks County Electric Works, Inc. permission to obtain the aforesaid report for employment purposes.

APPLICANT'S NAME \_\_\_\_\_ APPLICANT'S DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE LICENSED IN \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## DRUG TESTING CONSENT

As a condition for my application being considered, I understand and agree to undergo a drug test. I understand that if my test results are positive, I shall not be considered further by Bucks County Electric Works, Inc. for employment. I hereby authorize any medical professional to conduct such testing and to provide the results to Bucks County Electric Works, Inc. I release Bucks County Electric Works, Inc. and the person and organization conducting the testing from liability therefore.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



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## CONTACT INFORMATION

Bucks County Electric Works  
260 Knowles Avenue, Suite 224  
Southampton, PA 18966

Our Office Is Located On The 2<sup>nd</sup> Floor.

Main Office Phone Number 215-357-8460

GPS Coordinates 40.1672,-75.051513

