APPLICATION FOR EMPLOYMENT

Pro Master Electric, LLC

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Date_

Last Name	me First Name		Middle Initial		Social Security Number:		
Street Address	City/State Zip				Phone Number(s):		
Email Address:					Date of Birth:		
If hired, can you provide evidence of legal eligibility to work in the U.S.?			comple	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:	Wage/Salary Desired:		Full T		Temporary?		
Do you have a valid TDLR License?				Part Time? Permanent? If yes, list your TDLR license number:			
Date you can begin work?	Are you 18 years of age or older?			If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Have you ever applied to	work her	e before?		If yes, when?)		
Were you ever employed	here?			If yes, when?			
Name of high school atte	nded:	City & State		Graduate?	GED?		
Name of college or techn school:	ical	City & State		Graduate?	Degree?	Major:	
Are you presently enrolled in school? If yes, give name & a			address of	school and exp	bected degree dat	e:	
Years of Electrical Exper any:	rience, if	Do you have Electr	ical Hand T	'ools?			
List any job-related skills	s or accom	plishments, including	g military se	ervice:			
What machines or equipr	nent can y	you operate that relate	to the job f	for which you a	re applying?		
		- Your Availabi	•				
Can you work nights?			Can you w	ork out of town	n?		

Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?
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Your Employment History & References

List names of employers with present or last employer listed first. Use back of sheet or additional page if necessary.

Are you currently employed?	
May we contact your current employer(s)s before y	you are offered a position?
Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title:
	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Talantana	
Telephone:	
Name of Employer	Job Title:
Name of Employer:	Duties:
Address:	
Address:	Dates of Employment: From: To:
City State Zip Code	From:To:Hourly pay or salary:
City, State, Zip Code	
Supervisor:	Starting pay:Ending pay:Reason for Leaving:
Supervisor.	Keason for Leaving.
Telephone:	
Name of Employer:	Job Title:
rune of Employer.	Duties:
Address:	Dates of Employment:
	From: To:
City, State, Zip Code	Hourly pay or salary:
	Starting pay: Ending pay:
Supervisor:	Reason for Leaving:

Telephone:				
- Provide Three Refer	ences Who Are Not Fo	rmer Employers V	Who We May (Contact -
Name and Occupation	How do you know them,	and for how long?	Phe	one Number
Have you ever been fired from	om a job or asked to resid	m? If ves nlesse e	vnlain	
	on a job of asked to resig	gii: ii yes, picase e	Apiani.	
Have you ever worked or at	tended school under any	other name? If yes	, please list nam	ie(s).
5		·		
Have you ever been convict	2	0,1	of "guilty" or "n	o contest"
Exclude minor traffic violat	ions? If yes, give details			
If employed, do you expect	to be engaged in any add	itional business or	employment ou	tside of this
job? If yes, please explain.				
For driving jobs ONLY: Do	you have a valid Driver	's License?		
Driver's License Number			Issuing S	state
Have you had your Driver's				ive details.
	- Emergency Conta	rt Information -		
Name	Relationship	Work Phone	Home Phone	Cell Phone
	r			
Name	Relationship	Work Phone	Home Phone	Cell Phone
	retutionship			
CAREFULLY READ EACH ST	ATEMENT BEFORE SIGN	ING AT THE BOTTO	ЭM	

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and a pre- and/or post-employment drug test, as a condition of employment, as applicable. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre- and/or post-employment physical examination and I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that this is an application and that verbal statements by management or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Directors of the Company have the authority to enter into an agreement of employment for any specified period and such agreement must be in writing and approved by all of the directors of the company. If employed, I understand that I have been hired at will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature agree to the above statements.

Signature:	Date:	