

*Smith Electric Company, Inc.*

26 Capitol Avenue

Oaklyn, NJ 08107

856-854-4903

**APPLICATION FOR EMPLOYEMENT**

**Personal Information**

Last Name	First Name	Middle
Address	City	State, Zip
Cell Phone	Home hone	Social Security Number
Email Address	Date of Birth	
Are you a legal US citizen	YES <input type="checkbox"/> NO <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>
Have you ever been convicted of any crime, including traffic violations? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**Emergency Contacts**

Name	Relationship	Phone number
Name	Relationship	Phone number

**Driving Record**

Do you have a dependable car? Yes <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any points on your driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever had a DUI? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes what year was your DUI issued
Driver's License #

**Education**

School Name (High School, Trade School, College, Apprenticeship Program)	Location	Years Attended	Degree Received

### Job Specific Questions

Are you able to lift approximately 50 pounds safely?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you stand on ladders for extended amount of time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a fear of heights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you drive Company Van?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you own hand tools to use on the jobsite?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to work overtime if needed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If offered employment, when would you be available to begin?		
Desired hourly rate? \$		
Do you have any medical conditions that would prevent you from safely completing duties within your job description? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have OSHA 10 training? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes enter date of training_____		
Do you have ariel lift training? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have bucket truck training? YES <input type="checkbox"/> NO <input type="checkbox"/>		

### Employment History

Employer	Years Employed	Title	Job Duties

### References

Name	Relationship	Phone number
Name	Relationship	Phone number

### CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Smith Electric Company, Inc. to contact former employers regarding my employment. I authorize my former employers to fully and freely communicate information regarding my previous employment. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICATE SIGNATURE

\_\_\_\_\_  
DATE

