



Power Plus! When you need it. Where you need it!

APPLICATION FOR EMPLOYMENT

Instructions: Please read and sign the statement on page 4 then complete pages 1, 2 and 3. If you need assistance to participate in the application process, please inform the Human Resources Dept.

Last Name	First Name	Middle Initial	Date
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Street Address	Home Telephone Number ()
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City	State	Zip Code	Business Number May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No ()
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Email Address:	()
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Type of work applying for:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Management
	<input type="checkbox"/> Technical	<input type="checkbox"/> Office	<input type="checkbox"/> Clerical	<input type="checkbox"/> Pole Installer

Briefly describe the type of work you would like to do. Applications are filed according to the position applied for; therefore, be specific as possible.	[Redacted]
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Have you ever applied to or worked for this company or its parent, subsidiaries or affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when?	Date you will be available to begin work _____
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Your name at that time if different.	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have commitments or contracts with another employer that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain?	Are you willing to work overtime if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Were you referred to us by someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?	[Redacted]
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If no, what was your referral source? Monster CareerBuilder Craigslist Indeed CalJobs Other:	[Redacted]
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Do you have any relatives that are currently employed by Power Plus!? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name _____ Relation _____	Person to contact in case of an emergency or accident
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[Redacted]	NAME _____
	TELEPHONE W/AREA CODE _____
	STREET ADDRESS _____
	CITY STATE ZIP CODE _____

Power Plus is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.	Please initial & date here when completed
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Education and Training

SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED Circle One	DID YOU GRADUATE?		DEGREE OR DIPLOMA
High School		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	
College		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	
Graduate School		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	
Apprentice, Business, Technical School			<input type="checkbox"/>	<input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	
Armed Forces	<i>Describe</i>				

LIST ANY COURSE YOU HAVE COMPLETED WHICH WILL AID THE COMPANY IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION YOU ARE SEEKING

COURSE	DATE ENROLLED IN COURSE	SCHOOL OR OTHER SPONSOR OR COURSE	DESCRIBE MAJOR CONTENT OF COURSE
	From To		
	From To		
	From To		

Inquiries:

May we contact your present employer? Yes No May we contact your previous employer(s)? Yes No
Please identify any exceptions and reasons for not contacting present or previous employer(s):

Employer: _____ Explanation: _____

Employer: _____ Explanation: _____

Have you ever been dismissed or forced to resign from any employment? Yes No
If yes, please explain.

Employer: _____ Explanation: _____

Please include any other information you believe would be helpful to us in considering you for employment, such as additional work experience, articles or books published, activities, accomplishments, awards, professional societies, etc. (Please exclude any information indicative of age, sex, race, religion, color, creed, national origin, marital status or disability.)

Please initial & date when completed

Employment History: Please list all employment starting with present or most recent employer. Account for all periods of time, including unemployment and service in the military.

1	Company Name	Telephone # ()
	Address	Employed – (Month and Year)
	Name of Supervisor	From: To:
	Supervisor’s Job Title	
	Your Job Title	
	Description of your work	Reason for leaving
2	Company Name	Telephone # ()
	Address	Employed – (Month and Year)
	Name of Supervisor	From: To:
	Supervisor’s Job Title	
	Your Job Title	
	Description of your work	Reason for leaving
3	Company Name	Telephone # ()
	Address	Employed – (Month and Year)
	Name of Supervisor	From: To:
	Supervisor’s Job Title	
	Your Job Title	
	Description of your work	Reason for leaving
4	Company Name	Telephone # ()
	Address	Employed – (Month and Year)
	Name of Supervisor	From: To:
	Supervisor’s Job Title	
	Your Job Title	
	Description of your work	Reason for leaving

This application will be active for only **60 DAYS** from the date filled out.

Please initial & date when completed

Personal References:		
NAME AND ADDRESS	OCCUPATION	TELEPHONE
1		Home ()
		Work ()
2		Home ()
		Work ()
3		Home ()
		Work ()
Terms & Conditions: Please read the following statement carefully so that you fully understand it before signing.		
Can you, with or without reasonable accommodation, perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES [] NO []		

I authorize the Company to make any investigation of all statements contained in the applications and authorize current or former employer, person, firm, corporation, school, and/or government agency to give the Company any information they may have concerning any statement contained in this application. In consideration of the Company's review of this application, I release the Company, its parent or subsidiaries, as well as all providers of information, from any liability as a result of furnishing and receiving this information.

I consent to taking a post-offer job-related medical examination and any job-related medical examination in the future as may be required by the Company. I hereby agree to submit to a pre-employment substance abuse test to test for illegal use of drugs as a condition of my employment. I further agree to submit to lawful substance abuse testing as a condition of my continued employment and understand that refusal to submit to such lawful testing during the course of my employment may result in disciplinary action up to and including discharge.

I recognize that if offered employment, I will be required to sign statements dealing with policies on Conflict of Interest, Confidential Information, Intellectual Property, and Non-Competition, as well as an Invention Assignment Agreement, if pertinent.

Further, if I am employed by the Company, I agree to hold in strictest confidence, and not use or disclose to anyone, except as required by my duties as an employee, any confidential information of the Company or other information and data pertaining to activities and operations of the Company not made available to the general public, either by the Company or with the Company's consent. I understand this obligation to keep information confidential and secret shall survive the termination of my employment and remain in effect for as long as I have knowledge or possession of information that remains confidential or secret. Upon termination of my employment, I will promptly deliver to the Company the original, and all copies or summaries, of all drawings, blueprints, manuals, letters, notes, notebooks, reports, files, computer and programming data and all other material of a secret or confidential nature relating to the Company's business, whether in human or machine-readable-only form, and which are in my possession or under my control.

I acknowledge that any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at anytime, at the option of the Company or myself. In the event that I am employed by the Company, I understand my employment will be "at will." That is, my employment can be terminated, with or without cause, and with or without notice, at any time at the discretion of either the Company or myself. I understand that no representative of the Company has any authority enter into any agreement for employment for any specific period of time, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing. I further acknowledge that the Company reserves the right to terminate, suspend, withdraw, amend or modify at any time all or part of its employment practices or policies or its benefit plans.

I agree that the entire contents of this application form, as well as the reports of any examinations, may be used by the Company in any lawful manner. I hereby affirm that the information provided in this application (and accompanying resume, diploma, and school transcripts, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may result in my termination if discovered after employment.

Applicant's Signature

Date