

APPLICATION FOR EMPLOYMENT REFERRAL

PROCEDURE INFORMATION DATA

DATE: _____ E-Mail Address: _____
Month Day Year

NAME: _____ SS# _____

ADDRESS: _____
Street City State Zip

How Long: _____ Phone: () Home _____ Cell () _____

D. O. B.: _____ Place of Birth: _____
City State Zip

Single: Married: Divorce: Number of Dependents: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Describe any physical disability or limitations: _____

Position applying for: _____

How many years have you worked as an electrician? _____

Did you serve an Apprenticeship? Yes No How Long? : _____

Where: _____ Federally Approved? Yes No
City State Zip

Have you ever passed an examination given by an IBEW Local Union? Yes No

Have you ever been certified or possessed a journeymen license? Yes No

Which of the following phases of electrical installations have you performed?

Conduit bending & Installation _____

Rigid _____

EMT _____

PVC _____

Hydraulic Conduit Bending _____

Concrete Slab Installation _____

Commercial lighting _____

Industrial Wiring _____

Maintenance & trouble shooting _____

Control wiring _____

Residential Wiring _____

Single Housing _____

Condos _____

Apartments _____

High Rises _____

Hotels _____

Underground Dist. _____

Overhead line work _____

Tilt-ups _____

Supervision _____

Transformers _____

Substations _____

Cable Splicing _____

Electronic Controls _____

PLC's _____

HMI's _____

VDV _____

Alarm systems _____

Other _____

EDUCATION

High School: _____ Graduated? Yes No

City, State & Zip: _____

College: _____ Graduated? Yes No

Trade School: _____ Graduated? Yes No

List the last three (3) employers, the length of employment, wage rate and type of work, or attach resume with the above mentioned information.

Employer: _____

Address: _____

Length of Employment: _____ Wage Rate: _____

Type of Work: _____

Employer: _____

Address: _____

Length of Employment: _____ Wage Rate: _____

Type of Work: _____

Employer: _____

Address: _____

Length of Employment: _____ Wage Rate: _____

Type of Work: _____

By signing this application I affirm that all statements made by me herein are true, complete, and correct to the best of my knowledge and belief, and are made in good faith to assist the Carolina's Initiative in determining my proper classification or group in accordance with the referral procedure regulations and that any false statements would be cause for rejection of this application or the removal of name from the referral list and/or discharge from the job.

Signature _____

Date: _____