Mike's ELECTRIC
COMMERCIAL ◆ RESIDENTIAL
CCB# 191094
11070 SW Allen Blvd. Beaverton, OR 97005-4821

Application for Employment

(Equal Opportunity Employer)

NAME: _____
(First, Middle & Last)

ADDRESS:_____

_____
City State Zip

PHONE: Home (_____) _____ - _____ Cell (_____) _____ - _____

EMAIL:_____

Social Security #: _____ - _____ - _____ Date of Birth: _____/_____/_____
MM DD YYYY

Date Available for Employment: _____/_____/_____
MM DD YYYY

Resume Attached? ❑ Yes ❑ No

Position Applying For: _____

Can you perform the essential functions of the job(s) for which you are applying? ❑ Yes ❑ No

Are you available to work ❑ Full-Time❑ Part-Time ❑ Over-Time

Have you even been employed by this company? ❑ Yes ❑ No When: _____

Are you currently employed? ❑ Yes ❑ No

May we contact your present employer? ❑ Yes ❑ No

If yes, please provide Name and Phone #: _____

Do you have a valid Oregon driver's license: ❑ Yes ❑ No License # _____

Are you a citizen of the United States of America? ❑ Yes ❑ No

Are you able to lawfully become employed in this country because of visa/immigration status? ❑ Yes ❑ No

U.S. Military Service? ❑ Yes ❑No Branch: _____ Rank: _____ Discharge: _____

EDUCATION:

Do you have a high school diploma/GED? ❑ Yes ❑ No

Number of years post high school education: ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ + _____

Educational Institutions: (include apprenticeship)

Name	City/ State	Degree Received	# of years attended

License(s) Held: (include Electrical, Equipment Oporators, etc.)

Type	State	License #

SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS:
Summarize special skills and qualifications, volunteer activities, military experience, employments, or other activities related to the job you are seeking:

_____

_____

REFERENCES:
List three (3) non-relatives who are familiar with your qualifications, work history, and ability:

_____ _____
Name Occupation/Relationship

_____ (_____) _____ - _____
Years Known Telephone

_____ _____
Name Occupation/Relationship

_____ (_____) _____ - _____
Years Known Telephone

_____ _____
Name Occupation/Relationship

_____ (_____) _____ - _____
Years Known Telephone

EMPLOYMENT EXPERIENCE:

Employer: ________________________________ Supervisor's Name: __________________________

Address: ____

Telephone: (________) ________ - ____________ Employed from: _______/_______ to _______/_______

Your Job Position: _____________________________________

Your Salary: Starting/Ending: _______________ Duties: _____________________________________

What did you like most about your job? ____

____

Reason for leaving: ____

____

- -

Employer: ________________________________ Supervisor's Name: __________________________

Address: ____

Telephone: (________) ________ - ____________ Employed from: _______/_______ to _______/_______

Your Job Position: _____________________________________

Your Salary: Starting/Ending: _______________ Duties: _____________________________________

What did you like most about your job? ____

____

Reason for leaving: ____

____

- -

Employer: ________________________________ Supervisor's Name: __________________________

Address: ____

Telephone: (________) ________ - ____________ Employed from: _______/_______ to _______/_______

Your Job Position: _____________________________________

Your Salary: Starting/Ending: _______________ Duties: _____________________________________

What did you like most about your job? ____

____

Reason for leaving: ____

____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize Mike's Electric to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of Mike's Electric as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Mike's Electric or at my option, without notice, at any time for any reason.

I also understand that no representative of Mike's Electric has the authority to enter into any employment agreement for any specific period of time or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed by the president of Mike's Electric.
I understand that this application is not an offer of employment and no promises or representations of employment has been made to me at this time.

I have read, understand and agree with the above.

_____ _____/_____/_____
Signature of Applicant Date

This application is valid for ninety (90) days for the date I signed. If I want to be considered for job openings more than (90) days from the date signed, I will submit a new application

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitation of employees or applicants in order to accomplish the essential functions of the job.

Mike's ELECTRIC
COMMERCIAL ◆ RESIDENTIAL
CCB# 191094

Full Name:_____
(First, Middle, and Last)

Street Address:_____
(Include unit or space #)

City:_____State:_____Zip Code:_____

Additional States Lived/Worked In:_____

Other Names Used: _____

Social Security Number:_____-_____-_____

Driver's License Number:_____
(Include state issued)

Date of Birth:_____/_____/_____

School:_____ Years Completed:_____ Graduated: Y or N

Degree(s) Received:_____ Date Degree Received:_____

I hereby consent and authorize Mike's Electric, and any of its agents, including Bemrose Consulting, Inc., to secure information pertaining to my character and background, including my criminal history, employment, and education. I understand that the information supplied by me will be utilized in conducting a comprehensive background investigation, which may include, but is not limited to verification of the information supplied by me on this or any other application form. I release from liability any and all persons, companies, and corporations that supply information about my history as a result of this investigation.

_____ _____
(Signature of applicant) (Date)

DISCLOSURE AND RELEASE FORM
EMPLOYEE DRIVING RECORD INFORMATION

1. In connection with my employment (or my application for employment), I hereby give permission to Mollenhauer Enterprises, Inc. (Here in after referred to as Employer) to obtain my state driving record (also know as my motor vehicle record or MVR).

2. I acknowledge and understand that my driving record is a consumer report that contains public record information.

3. I authorize, without reservation, any party or agency contacted by Employer, to furnish the above-mentioned information.

4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record.

5. This authorization shall remain on file by Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.

6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:

   - Employer must notify me in writing of such adverse action.
   - I have the right to receive a copy of the driving record upon which the adverse action was based.
   - I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and phone number of the consumer reporting agency that provided my driving record to Employer
   - I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
   - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided, and request that errors be corrected.

Employees name *(print)* **Employees signature** **Date**
(as it appears on drivers license)

State **Drivers License number** **Birth date**

Marital Status _____ _____
married **single**