



2200 SW 67th AVE, Miami, FL 33155  
 Phone: (305) 264-9982 Fax: (305) 264-1974

## Construction Employment Application For Electrician, Apprentice and Helper

**(Application must be fully completed as per instructions, or it will NOT be considered)**

This application for employment shall be considered active for a period of time not to exceed 30 days.  
 Any applicant wishing to be considered beyond this time period should update his/her application or  
 inquire as to whether or not applications are being accepted at that time.

I understand and agree that on the initial **90** days, I will be on probation, that my employment is for no definite period, and that I may be terminated at any time without any previous notice regardless of the date of payment of my wages and salary.

**EMPIRE ELECTRIC WILL PERFORM BACKGROUND CHECK FOR CRIMINAL, DRUG ABUSE AND DRIVING RECORDS**

**Personal Information**

Application Date:       /      /      

|                 |                     |             |                   |
|-----------------|---------------------|-------------|-------------------|
| Last Name       | First Name          | Middle Name | Social Security # |
| Current Address | City, State, Zip    |             | Date of Birth     |
| (    ) -        | (    ) -            | Email       |                   |
| Home Phone      | Cell Phone or Alt # |             |                   |

Have you ever applied for employment or been employed by this Company?  Yes  No Referred By \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available:       /      /      

How much are you expecting to be paid according to your experience, knowledge and job market conditions? \$ \_\_\_\_\_ per \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No Do you smoke?  Yes  No

If yes, explain \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No Will you work overtime or shift work?  Yes  No

**Education**

|                               | Name and Location | Course of Study | Graduated Year | Degree/Diploma |
|-------------------------------|-------------------|-----------------|----------------|----------------|
| High School                   |                   |                 |                |                |
| College                       |                   |                 |                |                |
| Vocational/<br>Trade/ Courses |                   |                 |                |                |

**Do NOT write below this line.**

Interviewed By: \_\_\_\_\_ Date:       /      /      

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Starting Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Applicant's Agreement to Salary

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**Employment History**

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. You should include Military Service Assignments if applicable.

**Most Recent Employer**

Are you currently working for this employer?  Yes  No If yes, may we contact them?  Yes  No

|                       | Most Recent Employer                 | 2 <sup>nd</sup> Most Recent Employer | 3 <sup>rd</sup> Most Recent Employer |
|-----------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Company Name:         |                                      |                                      |                                      |
| Company Address:      |                                      |                                      |                                      |
| Phone:                |                                      |                                      |                                      |
| Employed (Month/Year) | From: ____ / ____<br>To: ____ / ____ | From: ____ / ____<br>To: ____ / ____ | From: ____ / ____<br>To: ____ / ____ |
| Job Title:            |                                      |                                      |                                      |
| Name of Supervisor:   |                                      |                                      |                                      |
| Duties:               |                                      |                                      |                                      |
| Salary per hour:      |                                      |                                      |                                      |
| Reason for Leaving:   |                                      |                                      |                                      |

**Job Related Skills and Requirements**

Do you have a valid driver's license?  Yes  No D.L. # \_\_\_\_\_

Do you hold a journeyman or master electrician license or any other electrician license with any state, county or municipality?  Yes  No

If Yes, please list:

| License number | Date License was obtained | County that issued the License |
|----------------|---------------------------|--------------------------------|
|                |                           |                                |
|                |                           |                                |

Are you willing to take a drug test if required as part of your application?  Yes  No

If a favorable hiring decision is made, will you submit to a medical examination and /or answer a medical questionnaire after a hiring decision is made?  Yes  No

Have you had safety training for electrical work?  Yes  No

**Other Qualifications**

Please list any other of your qualifications, you consider would be useful for Empire Electric, like backhoe operator, forklift operator, etc.

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\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

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**Notice to Applicants**

This company does not require a pre-employment medical examination, but does reserve the right to require drug testing and medical examination after an offer of employment is made to an applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examination and answers to medical inquiries will be maintained on separate forms, unless they have medical conditions that prohibit your ability to perform the essential job functions of the position you desire with this Company. The Company will make reasonable accommodations to aid handicapped applicants to fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

**Representations and Waivers**

Read the following conditions, if you have any questions regarding the conditions, you should ask for explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I authorize the Company to investigate any and all statements contained in this application. I will give consent to the Company to conduct any background checks which are deemed necessary (except contacting my current employer, unless permission is granted on page 2). I understand that to be officially hired, I will be required to submit to a drug test, paid for by the Company, as part of this application procedure. I also understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice. I realize that this will be the only agreement and no implied agreement will be given any consideration. I fully understand that due to the cyclical nature of the construction industry, the Company is not in a position to employ field personnel on a permanent basis.

I understand and agree that on the initial **90** days, I will be on probation, that my employment is for no definite period, and that I may be terminated at any time without any previous notice regardless of the date of payment of my wages and salary.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by the Company, in my dismissal.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Voluntary Disclosure and Statement**

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAME ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires them to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance employment qualified handicapped individuals. Also, this Company complies with the Americans with Disabilities Act, and is willing to make reasonable accommodations to aid the employment of handicapped or disabled applicants.

Although you are not required to disclose the information about physical or mental limitations that you believe will not interfere with your capability to do the job, if you want this Company to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below, and suggest the kind of accommodation that you believe would be appropriate.

If you are disabled veteran, or have a physical handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration for employment.

If you wish to be identified, please sign below.

- Handicapped/Disabled Individual       Disabled Veteran       Vietnam Era Veteran

Accommodations Requested: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**