



ENERGYCRAFT
S Y S T E M S

APPLICATION FOR EMPLOYMENT

Personal Information (please print)

Position(s) Applying For		Desired Salary		Date
Name (last, first, middle)				
Street Address		City	State	Zip
Home Phone	Business Phone	Cellular Phone	Fax	
E-mail		Nearest Relative		
Best method to be reached		Best time to be reached		
How did you hear about us?				

Employment Eligibility

Are you eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment)		
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you been convicted of or pleaded guilty or no contest to a felony within the last five years? Explain.		Are there any outstanding charges against you?
Have you been employed with us before? If yes, give date.	Are you currently employed?	Are you interested in a career opportunity, interim employment, or part time?
Do you have dependents that may affect your availability for work? If so, explain.		
Do you have any current commitments that may affect your availability for work over the next year? If so, please list each and give duration.		
Are there any employment training programs, job displacement programs, or other programs you may be eligible for that would enhance your employment? If so, explain.		

Availability

On what date would you be able to start work?	Which are you available to work? full-time <input type="checkbox"/> part-time <input type="checkbox"/> shift work <input type="checkbox"/> temporary <input type="checkbox"/>
If full-time, what days and hours are you available? Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____	
If part-time, what days and hours are you available? Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____	
Are you on lay-off status and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you travel if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

Driving History

Do you currently hold a valid auto drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>	What states?	Drivers License Numbers	Expiration Dates
When did you first obtain a drivers license?	Have you completed a driver's education course? If so, list each below and give details.		
Have you ever had your license suspended or revoked?			
Approximate date of revocations.	Duration of revocations.	Reason for revocations.	
Do you have any restrictions on your driving privileges? If so, list and explain.			
Do you currently have valid auto insurance? If so, what company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Agent		Phone	
Have you ever had your auto insurance cancelled or denied? If so when and for what reasons? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will you provide proof of insurance (photo copy)?		Will you provide proof of drivers license (photo copy)?	

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Special Skills

List any licenses, skills, training, trade affiliations or awards that may be helpful.
Describe any specialized/job-related training received in the United States Military and elsewhere.

Foreign Language Knowledge

	Indicate any foreign languages you can speak, read and/or write		
	Basic Level	Advanced Level	Mastery Level
Speak			
Read			
Write			

Technical Skills

Equipment Operated	Fork Lift <input type="checkbox"/>		Truck and Trailer <input type="checkbox"/>		Electric Hand Tools <input type="checkbox"/>																																		
Office Skills and Level	PC		Word Processing		Bookkeeping		Phone Systems		Credit Checks		Spreadsheets		Presentations		Graphics																								
Basic	Advanced	Mastery	B	A	M	B	A	M	B	A	M	B	A	M	B	A	M																						
List any software programs you are proficient using.																																							
List type of production/mobile machinery and months experience with each.																																							
Have you ever operated any of the following tools or equipment?																																							
Scissor Lift	<input type="checkbox"/>	Electric Screw Guns	<input type="checkbox"/>	Cutting Torch	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>	Boom Lift	<input type="checkbox"/>	Hammer Drills	<input type="checkbox"/>	Welding Equipment	<input type="checkbox"/>	Nail Guns	<input type="checkbox"/>	Safety Harness	<input type="checkbox"/>	Ram Set Drivers	<input type="checkbox"/>	Reciprocating Saws	<input type="checkbox"/>	Insulation Blowing Machine	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Tin Snips	<input type="checkbox"/>	Table Saw	<input type="checkbox"/>	Power Generator	<input type="checkbox"/>								
Step Ladder	<input type="checkbox"/>	Metal Shears	<input type="checkbox"/>	Radial Arm Saw	<input type="checkbox"/>	Extension Ladder	<input type="checkbox"/>	Drills	<input type="checkbox"/>	Circular Saw	<input type="checkbox"/>																												
Other (list)																																							
Please indicate your skill level at any of the following work:																																							
Building Insulation	B	A	M	Gas Piping	B	A	M	Roofing:				Steel Erection	B	A	M	Carpentry	B	A	M	HVAC	B	A	M	Metal	B	A	M	Suspended Ceilings	B	A	M								
Computer	B	A	M	Masonry	B	A	M	Asphalt	B	A	M	Other	B	A	M	Concrete	B	A	M	Mechanical	B	A	M	Siding:				Drywall	B	A	M	Office Work	B	A	M	Metal	B	A	M
Control Systems	B	A	M	Networks	B	A	M	Wood	B	A	M	Electrical	B	A	M	Painting	B	A	M	Pipe Fitting	B	A	M	Vinyl	B	A	M	Fire Sprinklers	B	A	M	Plumbing	B	A	M	Other	B	A	M

Employment History (Include any job-related military service assignments and volunteer activities. If more space is needed place attach a separate sheet of paper.)**Last or Current Employer**

Employer					
Street Address		City		State	Zip
Supervisor		Phone	E-mail		
Position Title			Start Date		End Date
Responsibilities					
Salary per period or hourly wage	Hours worked per week	Reason(s) for leaving			
Benefits Received	Health Insurance	Dental Insurance	Vacation	Sick Leave	Retirement Plan
Were you ever sick or unable to work?	How Often?		Reasons		

Next Previous Employer

Employer					
Street Address		City		State	Zip
Supervisor		Phone	E-mail		
Position Title			Start Date		End Date
Responsibilities					
Salary per period or hourly wage	Hours worked per week	Reason(s) for leaving			
Benefits Received	Health Insurance	Dental Insurance	Vacation	Sick Leave	Retirement Plan
Were you ever sick or unable to work?	How Often?		Reasons		

Second Previous Employer

Employer					
Street Address		City		State	Zip
Supervisor		Phone	E-mail		
Position Title			Start Date		End Date
Responsibilities					
Salary per period or hourly wage	Hours worked per week	Reason(s) for leaving			
Benefits Received	Health Insurance	Dental Insurance	Vacation	Sick Leave	Retirement Plan
Were you ever sick or unable to work?	How Often?		Reasons		

Other Activities

List professional, trade, business, or civic activities and offices held.

Personal References

1. Name		Phone Number			
Street Address		City		State	Zip
2. Name		Phone Number			
Street Address		City		State	Zip
3. Name		Phone Number			
Street Address		City		State	Zip

Additional Information

State any additional information you feel may be helpful to us in considering your application.

Attached is a job description. Please read and then answer the following question. Circle Y or N.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Please read and understand the following before signing your application.

To the best of my knowledge, I have answered the questions above and provided information that is complete and true. False, incomplete, or misrepresented information in any form, will be sufficient cause for my application to be rejected, or if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain background information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in the application, a related employment resume, or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives for seeking and using information to evaluate my employment request and for all other persons, corporations or organizations who provide information for this purpose. Any information shall be considered confidential and used strictly for evaluation of your employment for position(s) offered.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Signature _____

Date _____

EnergyCraft Systems of Northeast Nebraska

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