

Elco Electric, Inc.
1957 O'Toole Way
San Jose, CA 95131
T: 408 434-6601
F: 408 434-6615

APPLICATION for EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

YOUR PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date: ___ / ___ / ___
Home Address:		
City:	State:	Zip:
Home Phone:		Business / Cell Phone:
Can you prove that you are legally entitled to work in the USA? (Please check one) YES <input type="checkbox"/> NO <input type="checkbox"/>		
If not a U.S. Citizen, give Visa Number and Expiration Date:		
Have you a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> State:		Num. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position you are applying for:		
Title:		Salary Requirement:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours and/or days you can work:		
Referred by:		Date You Can Start:
Special Training or Skills:		

EDUCATION RECORD (HIGHEST ACHIEVED)

HIGH SCHOOL:	
(city & state):	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
BUSINESS, TRADE or TECHNICAL SCHOOL:	
(city & state):	
Dates Attended:	Degree or Subject:
COLLEGE:	
(city & state):	
Dates Attended:	Degree or Major:

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-EMPLOYER:	Dates Employed:
Address:	
City:	State: Zip:
Phone:	Ending Salary:
Title / Duties:	
Manager's Name and Title:	
Reason for Leaving:	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Why not?	
2-EMPLOYER:	Dates Employed:
Address:	
City:	State: Zip:
Phone:	Ending Salary:
Title / Duties:	
Manager's Name and Title:	
Reason for Leaving:	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Why not?	
3-EMPLOYER:	Dates Employed:
Address:	
City:	State: Zip:
Phone:	Ending Salary:
Title / Duties:	
Manager's Name and Title:	
Reason for leaving:	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Why not?	
Have you ever been convicted of a Felony or a serious Misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please provide the nature, date, location and final disposition of the case(s) on the back of this page.	
Are you currently out on bail or on your own recognizance pending trial? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a registered Sex Offender? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. You may exclude convictions for marijuana related offenses for personal use more than two years old, convictions that have been sealed, expunged or eradicated, or misdemeanors for which probation was completed and the case dismissed by the court. The nature, date, surrounding circumstances and relevance of the offense to the position for which you are applying will be taken into consideration. Giving false information could be grounds for termination at any time in the future.	

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-NAME:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
2-NAME:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
3-NAME:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
Are you currently, or were you previously, in the military? No <input type="checkbox"/> Previously <input type="checkbox"/> Currently <input type="checkbox"/>		
Branch and Rank:		

NOTATIONS FOR INTERVIEWER ONLY

POSITION BEING FILLED: _____

- STATE notification of Intent to Verify
- FEDERAL notification of Intent to Verify
- Fair Credit Reporting Act / State Requirements
- Release Authorization
- Second Interview ___/___/___
- Drug Test results: Negative _____ Positive _____ Not Tested _____
- PRE-Adverse Action Letter
- POST-Adverse Action Letter

Name of Interviewer

ACTION ITEMS: _____

APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING!

If employed, and in consideration of my employment, I agree to abide by the written and unwritten rules and regulations of my employer, and agree that my employment and compensation can be terminated at will, with or without cause, with or without notice, at any time, either at my option or at the option of the company. I understand that no management representative has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing, except the president of the company. Any such agreement must be in writing and signed by both the president of the company and myself.

I authorize prior employers, references and others identified in this application as sources of information regarding my character, qualifications, work history and background to provide information without limitations pertaining to those subjects within the United States and any foreign countries that I have either lived or worked in. I waive any rights of privacy that may be attached thereto. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company, as well as from the use of disclosure of such information by the company or any of its agents, associates or representatives. I also understand that all offers of employment are contingent upon the verification of all facts contained in this application to be true and accurate and upon the satisfactory response to reference requests. This consent for a background screening allows for future background checking for purposes of promotion, reassignment or retention.

I hereby certify that all of the foregoing information that I have supplied in this application is correct and complete. Furthermore, I understand that any misrepresentation, falsification or material omission of information in this application may result in my failure to receive an offer or, if I have been hired, my immediate dismissal from employment regardless of when the information is discovered.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of tests for drugs and/or alcohol at a company selected facility at the company's expense, and I understand that the company may use any information obtained from such tests to the extent permitted by state and federal law.

In the event of any employment-related legal proceedings, I agree to a binding resolution arbitration procedure in order to provide fast, fair and final results. Upon my termination of my employment, I agree to return all company property and records in my possession.

Signature of Applicant

____/____/____
Date

This company is committed to a policy of equal employment and provides an affirmative action opportunity for all applicants and employees. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Immigration and Nationality Act, the Fair Credit Reporting Act, and any applicable state laws. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.