P & R Electric, Inc.

	Today	r's Date:
Personal Information:		
Please at	tach Social Security Number and Dr	iver License.
First, Last Name:		
Mailing Address:		
Date of Birth:	Social Security:	
Phone:	Alt. Phone:	·
Employment Desired:		
Position Applying for:	Start I	Date:
Salary Desired:	y Desired: Are you willing to take a drug test? YES or NO	
Do you have any electrical	experience? YES or NO	
Evaloine		
Explain:		
Explain:		
Expiaiii:		
Education:	Years Attended	Year Graduate
Education:		
Education: High School		
Education: High School	Years Attended	Year Graduate
Education: High School	Years Attended	Year Graduate
Education: High School	Years Attended	Year Graduate
Education: High School College; Trade School:	Years Attended	Year Graduate

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Skills and Training:				
General questions	and information:			
Do you have any current medical conditions? YES or NO If so please explain:				
If so, do you	ay child support? YES or NO u owe back child support? Yes or NO are you required to pay monthly? \$			
Have you ever been	n convicted of a felony? YES or NO			
Explain:				
Employee History	:			
Y	ou may also attach a resume with the following attached.			
Business Name:				
Contact Name:	Phone:			
Address:				
Position:	Employment Date's:			
Salary:	Reason for Leaving:			
Business Name:				
Contact Name:	Phone:			
Address:				
	Employment Date's:			
Salary:	Reason for Leaving:			

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Business Name:		
	Phone:	
Address:		
Position:	Employment Date's:	
Salary:	Reason for Leaving:	
Business Name:		
Contact Name:	Phone:	
Address:		
Position:	Employment Date's:	
Salary:	Reason for Leaving:	
Personal Reference	ces (3 non relatives')	
Name:	Years Know:	
Phone:	Alt Phone:	
Address:		
Name:	Years Know:	
Phone:	Alt Phone:	
Address:		
Name:	Years Know:	
Phone:	Alt Phone:	

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I,	certify that the facts contained in this
11	to the best of my knowledge and understand that if employed, ation shall be grounds for dismissal.
Signature:	Date:
contained herein, the references a concerning my previous employn	authorize investigation of all statements and employers listed above to give you any and all information nent. Any pertinent information they may have, personal or rom all liability for any damage that may result from utilization
Signature:	Date:
Electric, Inc. which requires me a operating tools. As a condition for undergo substance screening at an employment for it may be manda be consider further by P & R Electrosults come back positive during	have applied for employment with P & R at times to operate an automobile, vehicles, large and small or my application being considered, I understand and agree to my time of the application employment process or during my tory. I understand that if my test results are positive, I shall not extric, Inc. for employment. I understand if I fail to do so or my g my employment that is grounds for dismissal. I understand that 00 drug testing fee, if the results are positive.
tolerate any substance usage or al	tric, Inc. is indeed a DRUG FREE work place and will not buse. P & R Electric, Inc. also strives to have a DRUG FREE cric, Inc. will not pay for any rehabilitation centers, but will
Signature:	Date:
hospital or medical professional r conduct such screening and to pro	hereby authorize any physician, laboratory, retained by P & R Electric, Inc. for screening purposes to ovide the results to P & R Electric, Inc. I release P & R Electric, & R Electric, Inc., and any such institution or person ability therefore.
Sionature:	Date: