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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

DATE		
FULL LEGAL NAME		SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE
PERMANENT ADDRESS (if different)	CITY	STATE
PERSONAL PHONE	BUSINESS PHONE	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED NOW? ___ Yes ___ No IF SO, may we contact your current employer? ___ Yes ___ No		
DO YOU WANT: ___ Regular full-time work ___ Regular part-time work: Hours _____ to _____ ___ Temporary work: From (dates) _____ to _____		
IF HIRED: Can you present evidence of your legal right to work in the U.S. ? ___ Yes ___ No Would you have reliable means of transportation to and from work? ___ Yes ___ No		
WHO REFERRED YOU TO THIS COMPANY: ___ Ad for job opening ___ Walk in ___ Friend / Family (Name) _____ ___ Employment Agency ___ Unemployment Office ___ Employee (Name) _____		

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed / accommodations needed.) ___ Yes ___ No

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE	DEGREE / DIPLOMA
HIGH SCHOOL			___ Yes ___ No	
COLLEGE / UNIVERSITY			___ Yes ___ No	
VOCATIONAL / BUSINESS			___ Yes ___ No	
OTHER			___ Yes ___ No	

FORMER EMPLOYERS

LIST ALL OF YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR?	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR?	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR?	STARTING WAGE \$ PER	FINAL WAGE \$ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

MILITARY EXPERIENCE

PLEASE LIST SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY

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CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR) ____ YES ____ NO
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S)

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – *Please read carefully, initial each paragraph, and sign below:*

_____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organizations referenced in this application to give Gilliam Electric, Inc. any and all information concerning my previous employment, education, or other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize Gilliam Electric, Inc. to request and receive such information.

_____ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with Gilliam Electric, Inc. it will be on an “at-will” basis. This means that either I or Gilliam Electric, Inc may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the “at-will” nature of my employment with Gilliam Electric, inc. is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of Gilliam Electric, Inc. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Gilliam Electric, Inc.

SIGNATURE

DATE