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Employment Application

We are an equal opportunity employer.

| PERSONAL INFORMATION | | | |
|--|------------------------------------|------------------------------------|---|
| Last Name: | First Name: | Middle Initial: | |
| | | | |
| Address: | | | |
| | | | |
| City: | | | |
| State: | | Zip: | |
| | | | |
| Primary telephone: | | Email Address: | |
| | | | |
| POSITION | | | |
| Position applying for: | | Desired wage: | Available start date: |
| | | | |
| Employment desired: | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Seasonal/Temp. |
| STATEMENTS | | | |
| Are you legally eligible to work in the United States? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you 18 years of age or older? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have reliable transportation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you be able and willing to travel as needed for this position? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you be able and willing to work overtime as necessary? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| REFERENCES | | | |
| Name: | Company: | Title: | Telephone: |
| | | | |
| | | | |
| EDUCATION | | | |
| Name of School: | | Location: | |
| | | | |
| Major: | | Years attended: | Degree |
| | | | |
| Name of School: | | Location: | |
| | | | |
| Major: | | Years attended: | Degree |
| | | | |
| Name of School: | | Location: | |
| | | | |
| Major: | | Years attended: | Degree |
| | | | |

| EMPLOYMENT HISTORY | | | | | |
|--------------------|-----------|--|--------------|--|--|
| Employer: | | Supervisor: | | Telephone: | |
| Address: | | May we contact your previous supervisor for a reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City: | | State: | Zip: | | |
| Duties performed: | | | | Position: | |
| | | | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary | |
| Start date: | End date: | Starting wage: | Ending wage: | Reason for leaving: | |
| | | | | | |
| Employer: | | Supervisor: | | Telephone: | |
| Address: | | May we contact your previous supervisor for a reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City: | | State: | Zip: | | |
| Duties performed: | | | | Position: | |
| | | | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary | |
| Start date: | End date: | Starting wage: | Ending wage: | Reason for leaving: | |
| | | | | | |
| Employer: | | Supervisor: | | Telephone: | |
| Address: | | May we contact your previous supervisor for a reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City: | | State: | Zip: | | |
| Duties performed: | | | | Position: | |
| | | | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary | |
| Start date: | End date: | Starting wage: | Ending wage: | Reason for leaving: | |
| | | | | | |

TRAINING AND QUALIFICATIONS

List any other relevant training or qualifications you may have.

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LICENSES AND CERTIFICATES

List any relevant licenses or certificates you may have.

| Description: | Issuer: | Number: | Date issued: | Expiration date: |
|--------------|---------|---------|--------------|------------------|
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DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature: _____ Date: _____

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