NEW-TEX
Electric & Automation LLC

Applicant Information

Full Name:_____ Date:_____
Address: _____ City: _____ State: _____
E-Mail: _____ Phone: (_____) _____-_____
SSN: _____-_____-_____ Are you at least 18? ____ Yes ____ No
Do you have a valid driver's license? (Yes/No) State:_____ License #:_____
Available Start Date: _____ Desired Pay: $_____
Position Applied For: _____ Years' experience, if any?_____-
Employment Desired: ____Full Time ____Part-Time
Are you authorized to work in the U.S.? __ Yes/Citizen __Yes/Document # _____. ____ No

Education / Certification / Licensing

High School Name: _____ Address: _____ CIty: _____ State: _____
From: _____ To: _____ Did you Graduate? __ Yes __ No If no, GED? __ Yes __ No
College Name: _____ # Years Attended: _____ Degree: __ Yes __ No Major: _____
Certifications: _____ State Licensed in: _____ License #: _____ From: _____ To: _____
License/ Certification Current? __ Yes __ No Type: __ Apprentice __ Journeyman ____ Master
Other? _____

Drivers' License

License #:_____ State: _____ Expiration Date: ____/____/_____
Have you ever been denied a driver's license, a permit, or privilege to operate a vehicle? __ Yes __ No
If yes, give detail: _____
Has any license, permit, or privilege ever been suspended? __ Yes __ No
If yes, give detail: _____

Have you had any traffic violations in the last 3 years? __ Yes __ No
If Yes, Violation: _____ Date: _____ Violation: _____ Date: _____
Violation: _____ Date: _____ Violation: _____ Date: _____
Have you ever been convicted of a felony or have you pleaded guilty or no contest to a felony offense in the last seven years? __ Yes __ No If Yes, please explain: _____

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Previous Employment

Company Name:_____ Phone #:(_____) _____-_____
Address _____ City _____ State_____ Zip _____ Supervisor _____
Job Title: _____ Starting Pay/ Salary:_____ Ending Pay/ Salary: _____
Responsibilities: _____
Dates of Employment: ____/____/_____ - ____/____/_____
Reason for Leaving:_____

Company Name:_____ Phone #: (_____) _____-_____
Address _____ City _____ State_____ Zip _____ Supervisor _____
Job Title: _____ Starting Pay/ Salary:_____ Ending Pay/ Salary: _____
Responsibilities: _____
Dates of Employment: ____/____/_____ - ____/____/_____
Reason for Leaving:_____

Company Name:_____ Phone #: (_____) _____-_____
Address _____ City _____ State_____ Zip _____ Supervisor _____
Job Title: _____ Starting Pay/ Salary:_____ Ending Pay/ Salary: _____
Responsibilities: _____
Dates of Employment: ____/____/_____ - ____/____/_____
Reason for Leaving:_____

May we contact your previous supervisor for a reference? ____ Yes ____ No

References

Full Name: _____ Title/ Position:_____
Company: _____ Phone #: (_____) _____-_____

Full Name: _____ Title/ Position:_____
Company: _____ Phone #: (_____) _____-_____

Full Name: _____ Title/ Position:_____
Company: _____ Phone #: (_____) _____-_____