

# KENNEDY ELECTRIC

Is an Equal Opportunity Employer.

# APPLICATION FOR EMPLOYMENT

PO Box 2368  
La Mesa, CA 91943  
619-295-6568: 619-704-3472 - Fax

Date of Application: \_\_\_\_\_, 20\_\_\_\_

<b>PERSONAL DATA</b>				
LAST NAME: (Please print)		FIRST:	MIDDLE:	PHONE NUMBER: ( )
PRESENT ADDRESS:			CELL NUMBER: ( )	
CITY:		STATE:	ZIP:	
POSTION APPLIED FOR:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SALARY DESIRED:	Check all shift you are willing to work: <input type="checkbox"/> DAY <input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHT <input type="checkbox"/> HOLIDAYS
SOCIAL SECURITY NUMBER:		ARE YOU AT LEAST 18 YEARS OLD? (If under 18, hire is subject to verification that you are of minimum legal age.) YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERRED TO KENNEDY ELECTRIC BY? ADVERTISEMENT <input type="checkbox"/> INTERNET <input type="checkbox"/> EMPLOYEE (List Name) <input type="checkbox"/> OTHER <input type="checkbox"/>		
HAVE YOU PREVIOUSLY WORKED FOR KENNEDY ELECTRIC?      YES <input type="checkbox"/> NO <input type="checkbox"/> DATES From:      To:		IF RELATED TO ANYONE IN OUR EMPLOY, LIST NAME AND DEPARTMENT?		
SUPERVISOR'S NAME:				
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED (Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).				
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (Note: convictions for marijuana-related offenses that are more than two years old need not be listed). YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE: (Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be consider).				
<b>MILITARY SERVICE</b>				
HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE: _____				
<b>LICENSE / CERTIFICATION</b>				
ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A PROFESSIONAL POSITION:				
ARE YOU LICENSED /CERTIFIED FOR THE JOB APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF LICENSE / CERTIFICATION: _____ ISSUING STATE: _____ LICENSE / CERTIFICATION NUMBER: _____ HAS YOUR LICENSE / CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE REASON(S), DATE OF REVOCATION OR SUSPENSION AND DATE OF REINSTATMENT.				

## EMPLOYMENT HISTORY

List below all present and past employment starting with you most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

<b>EMPLOYER:</b>	PHONE: (    )	EXT:	FROM: Mo.    Yr.	TO: Mo.    Yr.
ADDRESS: Street	City	State	Zip Code	FINAL BASE PAY:
NAME AND TITLE OF SUPERVISORS(S):				ADDITIONAL COMPENSATION:
YOUR POSITION AND DUTIES (Be specific):				
REASON FOR LEAVING:				
MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER:</b>	PHONE: (    )	EXT:	FROM: Mo.    Yr.	TO: Mo.    Yr.
ADDRESS: Street	City	State	Zip Code	FINAL BASE PAY:
NAME AND TITLE OF SUPERVISORS(S):				ADDITIONAL COMPENSATION:
YOUR POSITION AND DUTIES (Be specific):				
REASON FOR LEAVING:				
MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER:</b>	PHONE: (    )	EXT:	FROM: Mo.    Yr.	TO: Mo.    Yr.
ADDRESS: Street	City	State	Zip Code	FINAL BASE PAY:
NAME AND TITLE OF SUPERVISORS(S):				ADDITIONAL COMPENSATION:
YOUR POSITION AND DUTIES (Be specific):				
REASON FOR LEAVING:				
MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER:</b>	PHONE: (    )	EXT:	FROM: Mo.    Yr.	TO: Mo.    Yr.
ADDRESS: Street	City	State	Zip Code	FINAL BASE PAY:
NAME AND TITLE OF SUPERVISORS(S):				ADDITIONAL COMPENSATION:
YOUR POSITION AND DUTIES (Be specific):				
REASON FOR LEAVING:				
MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES (OTHER THAN ENGLISH)?**  
 YES  NO   
 IF YES, WHICH LANGUAGE(S)? \_\_\_\_\_

**EDUCATIONAL RECORD**

<b>SCHOOLS ATTENDED</b>	<b>NAME &amp; ADDRESS</b>	<b># OF YEARS COMPLETED</b>	<b>DID YOU GRADUATE?</b>	<b>LIST DEGREE OR DIPLOMA</b>
HIGH SCHOOL			Y N	
COMMUNITY COLLEGE			Y N	
UNIVERSITY			Y N	
TRADE SCHOOL / APPRENTICESHIP SCHOOL			Y N	

**REFERENCES**

**List below three persons not related to you who have knowledge of your work performance within the last three years.**

NAME:	
ADDRESS: Street	City State Zip Code
OCCUPATION:	
TELEPHONE NUMBER: ( )	NUMBER OF YEARS ACQUAINTED:
NAME:	
ADDRESS: Street	City State Zip Code
OCCUPATION:	
TELEPHONE NUMBER: ( )	NUMBER OF YEARS ACQUAINTED:
NAME:	
ADDRESS: Street	City State Zip Code
OCCUPATION:	
TELEPHONE NUMBER: ( )	NUMBER OF YEARS ACQUAINTED:

**OVER**

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

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\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize KENNEDY ELECTRIC, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ 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 the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the KENNEDY ELECTRIC designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by KENNEDY ELECTRIC, I am entitled to copies of any such public records obtained by KENNEDY ELECTRIC unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE