



# WURTSBORO ELECTRIC SERVICE, INC.

Application for Employment

Please complete application and return to us at: PO Box 450, Wurtsboro, NY 12790. We will contact you to schedule an interview.

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Citizen of U.S.? YES / NO Married? YES / NO Do you smoke? YES / NO

Present Address (Street, Mailing Address, City, State, ZIP) \_\_\_\_\_ How long at this address? \_\_\_\_\_

If at present address less than 3 years, list previous address (Street, City, State, ZIP) \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Full Time or Part Time Date Available to Start: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If yes, what year? \_\_\_\_\_ If not, how many years completed? \_\_\_\_\_

College/University/Trade School: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ If yes, what year? \_\_\_\_\_ Degree/Major: \_\_\_\_\_

## EMPLOYMENT

(Begin with most recent position)

### EMPLOYER # 1

Dates of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Held: \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_

### EMPLOYER #2

Dates of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Held: \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_

**EMPLOYER #3**

Dates of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Held: \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_

**CHARACTER REFERENCES & DATA -----**

Please provide names, addresses and telephone numbers of three people to whom you are not related and by whom you have not been employed

1. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been dishonorably discharged from the Armed Forces of the United States? YES NO

Have you ever undergone treatment for alcohol or drug abuse? YES NO

Have you ever suffered mental illness or been confined for same? YES NO

Do you receive disability payments or have you been classified as disabled? YES NO

Do you have any physical limitations or health conditions that could impede your ability to perform your duties? YES NO

Have you ever been a subject of a proceeding in family court? YES NO

Have you ever pled "guilty," "no contest," or been convicted of a crime? YES NO

If the answer to any of the above questions is yes, please provide dates and details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please read and sign below.

*I attest that all of the information I have provided on this application is true to the best of my knowledge and that any deliberate falsification will be cause for this application to be rejected. I further understand that if I am employed, any false or misleading information given in my application and/or interview may result in my discharge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I understand that in the event I am hired, that I will be on probation for a period of 90 days during which time, I may be discharged for cause.*

*I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date