

BAYSIDE ELECTRIC SUPPLY CO., INC.

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.



APPLICANT INFORMATION															
Last Name				First				M.I.		Date					
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Date of Birth				Social Security No.				Desired Pay							
Date to begin work				Position Applied For											
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain							
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
<i>Please list three professional references.</i>															
Full Name				Relationship											
Company				Phone											
Address															
Full Name				Relationship											
Company				Phone											
Address															
Full Name				Relationship											
Company				Phone											
Address															

CURRENT EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Pay	\$	Current Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Please check only the skills in which you are experienced:

____ Electrician

____ Wiring

____ PC Board Fabrication

____ Inspectors

____ Schematics

____ Component Machine Operation

____ Machinist

____ Cable Assembly

____ Blue Prints

Soldering:

____ Cable

____ PCB

____ Thru-hole

____ Military

____ Commercial

____ Surface Mount

Warehouse:

____ Load/Unload

____ Ship/Receive

____ Inventory

____ Fork Lift

____ Stocking

____ Maintenance

Do you have personal safety equipment? ____ Gloves ____ Hard Hat ____ Goggles ____ Ear Plugs ____ Steel-toed Shoes

Driver's License # _____ Class _____ State _____ Expiration _____

Typing (WPM _____) Reception/Telephone (# of lines _____) Bookkeeping _____

Computer Programs (ex. MS Office, Excel, Word) _____

Have you ever been terminated from employment or asked to resign by an employer? ____Yes ____No

If yes, please provide company names and details _____

Can you work any shift? ____Yes ____No

Can you work overtime, including weekends? ____Yes ____No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ____Yes ____No

Have you ever been convicted of a crime or felony (Yes / No) and if so please describe: _____

I understand that depending upon the job requirements, a background and/or criminal records check may be conducted and a conviction is not an automatic rejection of employment.

DISCLAIMER AND SIGNATURE

By completing this application for employment I authorize, Bayside Electric Supply Co., Inc. and/or Bayside Electric Supply of Southport, Inc (hereinafter called the company) to check my personal references, credit, and/or to perform a personal background check that the company determines in its sole and absolute discretion may be necessary for employment. These checks are to investigate the completeness and accuracy of any and all information that I have submitted in accordance with my application for employment with the company. If this application leads to employment, I understand that false, misleading or concealment of information in my application or given during the interview process may result in a denial for employment or immediate dismissal. I understand that depending on job requirements, corporate policy, state workers compensation laws, and federal law, I may be required to demonstrate that I am drug free by giving a urine sample at a designated lab before I am hired or after a work related accident. The company is an equal opportunity employer and it does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary and I attest with my signature below that I have given to the company true and complete information on this application.

Signature

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.