



Walker Electric Company, Inc.
PO Box 894
Rock Hill, SC 29731
Phone 803-324-5220 Fax 803-324-1545

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: FIRST _____ MIDDLE _____ LAST _____

ADDRESS: _____

PHONE # _____ DATE OF BIRTH ____/____/____ DR. LICENSE # _____

MARITAL STATUS: MARRIED _____ SINGLE _____ # DEPENDENTS _____

NAME OF PERSON AND DAYTIME PHONE IN CASE OF EMERGENCY:

NAME _____ PHONE _____ RELATIONSHIP _____

EDUCATION: DATE OF GRADUATION FROM HIGH SCHOOL _____

DATE OF GRADUATION FROM COLLEGE _____

WHAT TYPE OF ELECTRICAL WORK HAVE YOU HAD EXPERIENCE IN? _____

CONSTRUCTION: HOW LONG? _____ FOR WHOM? _____

MAINTENANCE: HOW LONG? _____ FOR WHOM? _____

HAVE YOU HAD EXPERIENCE WITH BLUE PRINTS? _____ EXPLAIN _____

WHAT IS THE LARGEST PROJECT YOU HAVE WORKED ON? _____

WHAT POSITION? _____

LIST LAST THREE EMPLOYERS, LENGTH OF TIME WORKED THERE, AND REASON FOR LEAVING:

1. _____

2. _____

3. _____

GIVE SALARY EXPECTED \$ _____ DATE YOU CAN START WORK _____

GIVE THREE REFERENCES

1. _____
2. _____
3. _____

I CERTIFY THAT INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR NOT HIRING ME OR FOR IMMEDIATE TERMINATION OF EMPLOYMENT AT ANY POINT IN THE FUTURE IF I AM HIRED. I AUTHORIZED THE VERIFICATION OF ANY OR ALL INFORMATION LISTED ABOVE.

SIGNATURE _____ **DATE** _____