

N4703 Hwy 12-16 Mauston, WI 53948 (608) 847-6209 | gotlight@grayelectricllc.com | GrayElectricLLC.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

Reasonable accommodation will be provided as required by law.

Last Name		First Nam	First Name		tial	Social Security Number:			
Street Ac	treet Address City/State		Zip Code		Phone Number:				
Driver's License Number					Any offer of employment is conditioned upon completing drug test and providing the appropriate documents for identity and work authorization.				
Position	Desired:	Wage/Sala	ge/Salary Desired:		Гіте	Part	Part Time		
Email Address:									
Date you work?	ı can begin	Are you 18 y	years of age or ol	der?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.				
Name of high school attended:			City & State		Graduate?	GED?			
Name of college or technical school:			City & State		Graduate?	Degree?	Major:		
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:						
List any job-related skills or accomplishments, including military service:									
- Your Availability For Work -									
From:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
To:									

Name of Employer:

Cotal hours per week you are vailable to work:	Do you have any special rec	Do you have any special requests or needs for a work schedule?			
- Provide Three Refe	rences Who Are Not Former Emp	olovers Who We May Contact -			
Name and Occupation	How do you know them, and for				
	Vous Employment II	liat ouv			
List name	Your Employment Has of employers with present or la	•			
	1 7 1	1 ,			
May we contact current employ	vers before you are offered a position	on?			
		·			
Name of Employer:	Job Title:				
	Duties:				
Address:	Dates of Emp	•			
	From:	To:			
City, State, Zip Code	Hourly pay or	r salary:			
	Cu - milion -	P., 45			
Supervisor:	Starting pay: Reason for Lo	Ending pay:			
Super visor.	Rouson for Ex	-u.,g.			
Talanhana					
Telephone: Name of Employer:	Job Title:				
1 7					
A 11	Duties:	1			
Address:	Dates of Emp From:	oloyment: To:			
	1 Ioni.	10.			
City, State, Zip Code	Hourly pay of Starting pay:	Hourly pay or salary: Starting pay: Ending pay:			
Supervisor:	Reason for Lo	eaving:			
Telephone:					
p					

Job Title:

Duties:

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Address:	Dates of Employment:						
	From:	To:					
City, State, Zip Code	Hourly pay or salary: Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:						
Telephone:							
CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM							
I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.							
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.							
I have read, understand, and agree to the above state	tements.						
Signature:		Date:					