

Utility Services Group, Inc. APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

APPLICANT NAME: _____ DATE: _____

POSITION(S) APPLIED FOR OR TYPE OF WORK DESIRED: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE #: _____

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME TEMPORARY

DATE YOU WILL BE AVAILABLE TO START WORK: _____

GEOGRAPHICAL PREFERENCE IF ANY: _____

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS? YES NO

WILL YOU WORK OVERTIME IF NECESSARY? YES NO

CAN YOU TRAVEL IF REQUIRED BY THIS POSITION? YES NO

HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION? YES NO

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT IF REQUIRED? YES NO

HOW WERE YOU REFERRED TO US? _____

EDUCATIONAL HISTORY:

School Name	Location	Years Completed	Course of study	Diploma/Degree

EMPLOYMENT HISTORY:

Please provide all employment history beginning with your most recent employer.

Employer: _____ Position held: _____

Address: _____ City/State/Zip: _____

Phone # _____ Starting hourly rate: _____ Ending hourly rate: _____

Dates of employment: From _____ To _____

Immediate supervisor and title: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City/State/Zip: _____

Phone # _____ Starting hourly rate: _____ Ending hourly rate: _____

Dates of employment: From _____ To _____

Immediate supervisor and title: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City/State/Zip: _____

Phone # _____ Starting hourly rate: _____ Ending hourly rate: _____

Dates of employment: From _____ To _____

Immediate supervisor and title: _____

Job summary: _____

Reason for leaving: _____

EMPLOYMENT HISTORY Continued:

Employer: _____ Position held: _____

Address: _____ City/State/Zip: _____

Phone # _____ Starting hourly rate: _____ Ending hourly rate: _____

Dates of employment: From _____ To _____

Immediate supervisor and title: _____

Job summary: _____

Reason for leaving: _____

Other skills and qualifications:

Summarize any job related training, skills, licenses or other qualifications.

List 3 references not to include previous supervisors or relatives:

Name	Daytime phone #	Years known

I authorize Utility Services Group, Inc. to contact, obtain and verify the accuracy of the information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability Utility Services Group, Inc. and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellations of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Utility Services Group, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there are no violations of applicable state or federal employment laws.

I understand that it is the policy of Utility Services Group, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit within the required time shall result in immediate termination of my employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date