



National Electrical Manufacturers Association  
 1300 North 17th Street, Suite 1847  
 Rosslyn, VA 22209

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

Have you ever been convicted of a felony?  Yes  No *(Conviction will not necessarily disqualify an applicant for employment.)* If yes, describe conditions: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (*reverse side*), what other experiences, skills or qualifications would especially fit you for work with our company?  
 \_\_\_\_\_

POSITIONS APPLIED FOR 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

WORK HISTORY

May we contact your present employer?  Yes  No

Most Recent Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_