



**LYNN WOODWARD ELECTRIC L.L.C.
ELECTRICAL CONTRACTORS**

3336 SOUTH 1325 WEST
OGDEN, UT 84401-3301
(801) 621-3220
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APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER
WE PARTICIPATE IN THE EVERIFY PROGRAM

PERSONAL INFORMATION

NAME		DATE	
ADDRESS	CITY	STATE	ZIP CODE
PHONE / CELL NUMBER ()	EMAIL	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	DESIRED WAGE
ARE YOU CURRENTLY LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRICAL LICENSE NUMBER:	
TYPE OF LICENSE : <input type="checkbox"/> MASTER <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> APPRENTICE	IF AN APPRENTICE WHAT YEAR? <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS	
10 HOUR OSHA CLASS? <input type="checkbox"/> YES - DATE: <input type="checkbox"/> NO	US MILITARY SERVICE? <input type="checkbox"/> YES - RANK: <input type="checkbox"/> NO

EMPLOYER HISTORY (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS	SALARY / WAGE	POSITION	REASON FOR LEAVING
FROM				
To				
FROM				
To				
FROM				
To				
FROM				
To				

CONTINUED ON OTHER SIDE

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	PHONE NUMBER	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I understand that Utah is an "At Will Employment" state.

This wavier does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE: _____

DATE: _____