

# JAMES POWER LINE CONSTRUCTION

## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE  
ALL APPLICANTS WILL BE DRUG TESTED**

Name Last First Middle \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date \_\_\_\_\_  
 Email Address \_\_\_\_\_

**DO YOU HAVE A CDL DRIVER'S LICENSE?  Yes  No**

Driver's license # \_\_\_\_\_ State of issue \_\_\_\_\_

Type:  DL  Commercial (CDL) Expiration date \_\_\_\_\_

Do you have a current TX DOT Physical card?  Yes  No Expiration date: \_\_\_\_\_

Have you had any accidents in the past 3 years? How many? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

Have you had any moving violations in the past 3 years? How many? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_

Position applying for: \_\_\_\_\_ When can you start? \_\_\_\_\_

May we contact your present employer?  Yes  No Desired salary \_\_\_\_\_

**I am a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:**

Yes  No

If applicable, please list your visa type, visa # and expiration: \_\_\_\_\_

### EDUCATION/MILITARY

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus./Trade/Professional School				

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  No  Yes

If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed. \_\_\_\_\_

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<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>
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<b>Present or Most Recent Employer:</b> Employer: _____ _____ Address: _____ _____	Name of supervisor:  Phone: _____	Employment dates From: To:	Pay or salary
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Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned.

Employer: _____ _____ Address: _____ _____	Name of supervisor:  Phone: _____	Employment dates From: To:	Pay or salary
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List the jobs you held, duties performed, skills used or learned:

Employer: _____ _____ Address: _____ _____	Name of supervisor:  Phone: _____	Employment dates From: To:	Pay or salary
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