



## Personal Information

\_\_\_\_\_  
First Name Middle Name Last Name Social Security Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Mobile Phone Work Phone

May we contact you at your work phone?  Yes  No

Are you 18 years old or over?  Yes  No

If you are under 18, do you have a work permit?  Yes  No

Have you worked for us before?  Yes  No

If Yes, when? \_\_\_\_\_

If Yes, under what name? \_\_\_\_\_

If Yes, what position(s) did you hold? \_\_\_\_\_

## Position Desired

Type of work you are applying for:

<input type="checkbox"/> Laborer	<input type="checkbox"/> Maintenance Technician	<input type="checkbox"/> Dispatch
<input type="checkbox"/> Technicians Assistant	<input type="checkbox"/> Installation Technician	<input type="checkbox"/> Customer Service Rep
<input type="checkbox"/> Shop	<input type="checkbox"/> Service Technician	<input type="checkbox"/> Office
<input type="checkbox"/> Sales	<input type="checkbox"/> Managerial	

Other (describe) \_\_\_\_\_

Type of schedule:

<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary
<input type="checkbox"/> Days	<input type="checkbox"/> Seasonal (i.e., summer)
<input type="checkbox"/> Nights	<input type="checkbox"/> Any
<input type="checkbox"/> Weekends	

Date Available \_\_\_\_\_

Why did you select Burke Electric (Please name any employee, advertisement, etc)? \_\_\_\_\_

If you receive a conditional offer of employment, can you provide verification of your identity and legal right to work in the United States?  Yes  No

If you are not a U.S. citizen, what is your visa status? \_\_\_\_\_

Have you ever been convicted of a felony (Do not identify convictions that have been sealed, expunged, dismissed, pardoned, or otherwise eradicated)?  Yes  No

Do you have any physical limitations that may inhibit your ability to perform the tasks required of the position you are applying for?  Yes  No

If Yes, please explain \_\_\_\_\_

Are you currently on layoff status and subject to a recall?  Yes  No

## Education

School Name	Location	Years Attended	Years Completed (circle)	Diploma or Degree (circle)	Major Field of Study
_____	_____	_____	High School 9 10 11 12	Y N	_____
_____	_____	_____	Trade School 1 2 3 4	Y N	_____
_____	_____	_____	College 1 2 3 4	Y N	_____
_____	_____	_____	Grad School 1 2 3 4	Y N	_____
_____	_____	_____	Other	Y N	_____

Post Graduate Training or Certifications	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Technical/Computer Skills

### Office/Software

- Microsoft Excel
- Microsoft Access
- Microsoft Word
- Microsoft Publisher
- Quick Books Pro
- Phone Systems
- Computer Systems
- Bookkeeping
- Other: \_\_\_\_\_

### HVAC

- |                          |   |
|--------------------------|---|
| Service                  | Install   |
| <input type="checkbox"/> | <input type="checkbox"/> Air Conditioning         |
| <input type="checkbox"/> | <input type="checkbox"/> Air Distribution         |
| <input type="checkbox"/> | <input type="checkbox"/> Air to Air Heat Pump     |
| <input type="checkbox"/> | <input type="checkbox"/> Gas Warm Air Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> Oil Warm Air Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> Hydronic Gas Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> Hydronic Oil Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> Light Refrigeration      |
| <input type="checkbox"/> | <input type="checkbox"/> Commercial Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> Chillers                 |
| <input type="checkbox"/> | <input type="checkbox"/> Control Systems          |

### Electrical

- Service/Repair
- Residential Construction/Remodel
- Commercial Construction/Remodel
- Estimating
- Blueprint Reading
- Other: \_\_\_\_\_

### Licenses

- Electrical Journeyman
- Master Electrician
- HVAC Journeyman
- HVAC Contractor
- Other: \_\_\_\_\_



# Work History

Employer (Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	If Still Employed By This Company, May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	



## References

Please list the names and contact information of two business or professional references we may contact. Do not list relatives as references. School or volunteer related references may be listed.

1. \_\_\_\_\_  
Name Phone Number, Including Area Code

\_\_\_\_\_  
Address How Acquainted

2. \_\_\_\_\_  
Name Phone Number, Including Area Code

\_\_\_\_\_  
Address How Acquainted

Please list the names and contact information of two personal references, who have known you for at least five years, who we may contact. Do not list relatives. School or volunteer related references may be listed.

1. \_\_\_\_\_  
Name Phone Number, Including Area Code

\_\_\_\_\_  
Address How Acquainted

2. \_\_\_\_\_  
Name Phone Number, Including Area Code

\_\_\_\_\_  
Address How Acquainted

## Emergency Contact

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Phone Number, Including Area Code

\_\_\_\_\_  
City State Zip

## Driving Information

Do you have a current driver's license?

Yes  No

State

Licence

Expiration Date

Has your driver's license ever been suspended for any reason?

Yes  No

If Yes, Please Explain

Do you have personal automobile insurance?

Yes  No

Insurance Company

Has your personal automobile insurance ever been cancelled?

Yes  No

If Yes, Please Explain

List all moving traffic violations from the past five years.

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

## Work Availability

Do you have any objections to working overtime?

Yes  No

Do you have any objections to being on call?

Yes  No

If needed, would you be able to work overtime with little notice?

Yes  No

Can you work on Saturday?

Yes  No

Can you work on Sunday?

Yes  No



## Supplemental Information

Please describe any additional training, qualifications, or other factors we should be aware of.

---

---

---

---

---

---

---

---

How do you feel you can contribute to the Burke Electric team?

---

---

---

---

---

---

---

---

Why do you want to work at Burke Electric?

---

---

---

---

---

---

---

---

