



Mail application to:
Harmon's Electric, Inc.
C/O Human Resources
PO Box 1346
Enid, OK 73702
Email: hr@harmonselec.com

APPLICATION FOR EMPLOYMENT

We offer equal employment opportunities to all persons without regard to race, color, religion, age, martial or veterans' status, sex, national origin, disability, or any other legally protected status.

Job applications are considered active for 90 days after which the applicant must reapply for further consideration.

APPLICANTS MAY REQUEST ANY NEEDED ACCOMMODATION TO PARTICIPATE IN THE APPLICATION OR INTERVIEWING PROCESS.

Please print. Please complete in ink. Please do not indicate "See Resume".

Position applied for: _____ **Date:** _____

Starting Salary Desired: _____

Type of employment ___Full Time ___Part time When could you report to work? _____

Full Name: (Print) _____

Home/Message phone: (_____) _____ Optional phone: (_____) _____

E-mail address: _____

Addresses for the past three years (*Use a separate sheet if required.*):

_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip)	
_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip)	
_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip)	

Do you have the legal right to work in the United States? ___ Yes ___ No

Are you over 18 years of age? ___Yes ___ No

Are you available to work after hours and weekends if required? ___Yes ___ No

Do you have reliable transportation? ___Yes ___ No

Do you have a current, valid driver's license? ___Yes ___ No If yes, do you have a CDL ___Yes ___ No

Have you ever applied for a job with us before? ___Yes ___No If yes, when? _____

Have you ever worked for us before? ___Yes ___No If yes, when? _____

Are any of your immediate relatives presently employed with us? ___Yes ___No

If yes, who and where? _____

Are you employed now? ___Yes ___No May we contact your present employer? ___Yes ___ No

Have you ever been convicted of a felony within the last 7 years? ___ Yes ___ No

NOTE: Conviction of a felony does not automatically disqualify an applicant for employment.

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case(s) and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.

Can you perform the essential functions of the position for which you are applying? ___ Yes ___ No

If no, please explain. _____

(If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before answering question.)

MILITARY

ACTIVE DUTY BRANCH	DATES OF ACTIVE DUTY	HIGHEST RANK ATTAINED
RESERVE STATUS	RESERVE BRANCH	

EDUCATION

High School:

Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

College and/or Vocational School:

SCHOOLS ATTENDED AND LOCATION	NUMBER OF CREDIT HOURS COMPLETED	MAJOR	TYPE OF DEGREE	GPA
VOCATIONAL SCHOOL				
COLLEGE				
COLLEGE				
COLLEGE				

CERTIFICATIONS/LICENSES

TYPE	DATE RECEIVED	DATE EXPIRES	NUMBER

MACHINE SHOP EXPERIENCE

Fabrication ___ Design ___ Repair ___ Other _____

EQUIPMENT OPERATED

Forklift ___ Backhoe ___ Bucket Truck ___ Digger Truck ___ Trencher ___ Tractor ___
Tow Trailer ___ Line Locator ___ Other _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

Please explain any gaps in employment. _____

LIST EMPLOYERS BELOW

(Give your full employment record. Start with most recent employment. Use separate sheet if required.)

Employer: _____

Address: _____ City, State: _____

Phone No. () _____ Immediate Supervisor: _____

Position Held: _____ From: _____ To: _____ Wages: _____

Description of duties: _____

Reason for leaving: _____

Employer: _____

Address: _____ City, State: _____

Phone No. () _____ Immediate Supervisor: _____

Position Held: _____ From: _____ To: _____ Wages: _____

Description of duties: _____

Reason for leaving: _____

Employer: _____

Address: _____ City, State: _____

Phone No. () _____ Immediate Supervisor: _____

Position Held: _____ From: _____ To: _____ Wages: _____

Description of duties: _____

Reason for leaving: _____

Employer: _____
 Address: _____ City, State: _____
 Phone No. () _____ Immediate Supervisor: _____
 Position Held: _____ From: _____ To: _____ Wages: _____
 Description of duties: _____
 Reason for leaving: _____

Employer: _____
 Address: _____ City, State: _____
 Phone No. () _____ Immediate Supervisor: _____
 Position Held: _____ From: _____ To: _____ Wages: _____
 Description of duties: _____
 Reason for leaving: _____

Employer: _____
 Address: _____ City, State: _____
 Phone No. () _____ Immediate Supervisor: _____
 Position Held: _____ From: _____ To: _____ Wages: _____
 Description of duties: _____
 Reason for leaving: _____

REFERENCES

(List those familiar with your work ability, preferably former supervisors/managers. Do not include relatives.)

NAME	OCCUPATION	YEARS KNOWN	CONTACT INFORMATION

PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING
JOB APPLICANT'S CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and except as indicated above, I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I

release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as this employer may make regarding driving records, law enforcement records, credit reports and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment between this employer and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon this employer unless made in writing by or with the express written consent and authorization of the President, or owner. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that this employer retains the same right.

I understand that, if I am initially offered a position of employment, I may be required to submit to a drug and/or alcohol tests which are a condition of employment and that refusal to submit to such tests when asked by this employer shall be considered sufficient reason for denial of employment or discharge.

I understand that if employed, the policies and rules which are issued by this employer are not conditions of employment and that this employer may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH THIS EMPLOYER.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

The purpose of this Data Records is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Records is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential Field and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Name: _____ Phone(____) _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following Race/Ethnic Group:

- Hispanic or Latina**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)**—A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**— A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual
