

# Application for Employment

Please print all information requested except signature.  
Applicants may be tested for illegal drugs.



## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street Apartment Unit #  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you authorized to work in the U.S.? YES NO  
☐ ☐

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_  
☐ ☐

Have you ever been convicted of a felony? YES NO (conviction will not necessarily disqualify an applicant from employment)  
☐ ☐

If yes, explain: \_\_\_\_\_

Do you have a Drivers License? YES NO Drivers License number: \_\_\_\_\_ State Issue: \_\_\_\_\_  
☐ ☐

Do you have a Commercial License (CDL)? YES NO Expiration Date: \_\_\_\_\_  
☐ ☐

Have you had any traffic violations in the past 3 years? YES NO How many? \_\_\_\_\_  
☐ ☐

## Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? YES NO Diploma: \_\_\_\_\_  
☐ ☐

College/University: \_\_\_\_\_ Subject Studied: \_\_\_\_\_

Did you graduate? YES NO Diploma: \_\_\_\_\_  
☐ ☐

Other: \_\_\_\_\_ Subject Studied: \_\_\_\_\_

Did you graduate? YES NO Diploma: \_\_\_\_\_  
☐ ☐

## Questionnaire

What job have you liked best?

What job have you liked least?

Are you currently on "lay off" and subject to recall?

Have you operated a boom truck?

Do you have electrical experience?

Are you a certified welder?

Do you have experience working at heights of 50 feet or above?

Do you have a set of hand tools?

Do you enjoy working outside year round?

Do you have experience in working outside?

Is working Saturdays a conflict for you?

Can you travel if the job requires it?

Would overnight road trips be a conflict for you?

Do you enjoy working with others?

Can you lift up to 50 lbs with or without reasonable accommodations?

Ideally, how many hours would you like to work a week?

How did you hear about this position?

If you were referred by a Pride Neon employee, who?

## Special Skills/Qualifications

What other skills do you possess that will be utilized in this position?

## Military

Have you ever been in the armed forces? YES ☐ NO ☐

Are you currently serving? YES ☐ NO ☐

Rank: \_\_\_\_\_

Specialty: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

## Work Experience/References

Name of Employer: _____		Title: _____	
Company: _____	Phone: _____	Can we contact them?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment Dates: From: _____	To: _____	Position: _____	Salary: _____
Reason for leaving: _____			

Name of Employer: _____		Title: _____	
Company: _____	Phone: _____	Can we contact them?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment Dates: From: _____	To: _____	Position: _____	Salary: _____
Reason for leaving: _____			

Name of Employer: _____		Title: _____	
Company: _____	Phone: _____	Can we contact them?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment Dates: From: _____	To: _____	Position: _____	Salary: _____
Reason for leaving: _____			

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Pride Neon to hire me. If I am hired, I understand that either Pride Neon or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Pride Neon has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Pride Neon true and complete information on this application. No requested information has been concealed. I authorize Pride Neon to contact references provided for employment reference checks and authorize my former employers to provide the information requested by Pride Neon to the greatest extent permitted by law. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_