

Application For Employment



We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Full Name (Last Name First)		Social Security No.	
Address		City	State Zip
Phone Number	Please Specify: Home <input type="checkbox"/> Mobile <input type="checkbox"/>	Email Address	
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Worked in the Electrical Trade? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In Which of the Following Areas of Electrical Trade Have You Worked? How Many Years? Residential <input type="checkbox"/> ____ yrs. Commercial <input type="checkbox"/> ____ yrs. Industrial <input type="checkbox"/> ____ yrs. Service Work <input type="checkbox"/> ____ yrs.			
If Selected For Employment, Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary

Education

School Name	Location	Years Attended	Degree Received	Major/ Licenses

References (Provide Three Persons Not Related to You, Whom You Have Known at Least 1 Year.)

Name/ Title	Company	Phone	Years Known

Employment History (Starting With Most Recent)

EMPLOYER (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
EMPLOYER (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
EMPLOYER (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Date
Signature	

DO NOT WRITE BELOW THIS LINE

Interviewed by:		Date:	
Remarks:			
Test Score:		Ability:	
Personality:		Character:	
Hired:	For Dept.:	Position:	Will Report:
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Salary Wages:		Employee ID #:	

Name: _____

Date: _____



APTITUDE TEST

1. What is the breaker you can put on #8 THHN copper?
 - a. 30 amp
 - b. 60 amp
 - c. 50 amp
 - d. None of the above
2. What is the take up on a $\frac{3}{4}$ EMT bender?
 - a. 8"
 - b. 6"
 - c. 5"
 - d. None of the above
3. What is the max amount of 90° bends in a $\frac{3}{4}$ EMT between boxes?
 - a. 4
 - b. 5
 - c. 3
 - d. None of the above
4. What is the correct way to wire a 3 way switch? Write it out.

5. What does a single phase mean?
 - a. There are 2 Hot and a Neutral
 - b. There is 1 Hot and a Neutral
 - c. There are 3 Hot and No Neutral
 - d. None of the above
6. What is the recommended high voltage colors?
 - a. Black, Red, Blue
 - b. Brown, Black, Orange
 - c. Brown, Orange, Yellow
 - d. None of the above
7. What color is a neutral?
 - a. Green
 - b. White/ Gray
 - c. Yellow
 - d. None of the above

8. What is the take up on a 1/2" EMT bender?
- a. 4"
 - b. 5"
 - c. 6"
 - d. None of the above
9. What side is the line side of a disconnect?
- a. Bottom
 - b. Top
 - c. Left side
 - d. None of the above
10. You can put 480° of bend on any size EMT Pipe between boxes.
- a. True
 - b. False

<u>Correct Answers:</u>	<u>Incorrect Answers:</u>
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VOLUNTARY EMPLOYEE HEALTH QUESTIONNAIRE

(Please fill out the information below. Participation is optional but used to assess employability at Mid-State Electric of Ocala LLC./Mid State Fire & Systems, LLC.)

Name: _____

Job Title: _____

1. Do you have any serious health problems or illnesses that may be contagious to others around you?

No ☐ Yes ☐ If yes, please give details: _____

2. Do you have limitations on your ability to perform the work described in your job description and/or duty statement?

No ☐ Yes ☐ If yes, please give details: _____

3. Do you have any health conditions that would create a hazard to participants or other staff?

No ☐ Yes ☐ If yes, please give details: _____

I declare that the above information is true and correct to the best of my knowledge:

EMPLOYEE SIGNATURE

DATE

