

# Employment at Superior Electric Co., Inc.

To best serve our customers, Superior Electric Co., Inc. strives to attract the highest quality people in our industry. Their focus must always be to complete the task at hand with a constant focus on economy, speed, and quality work.

At Superior Electric Co., Inc. we feel that to be the best we must hire the best and support and treat them like the best.

If you would be interested in joining the Superior team, check the links below for the benefit information and for online employment applications.

## Employment Application

**It is the policy of Superior Electric Co., Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.**

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

Applicant Name: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Years at This Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relation to You: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Referral Source: Who referred you to our company?: \_\_\_\_\_

\_\_\_\_\_

Have you applied to our company previously? (yes/no): \_\_\_\_\_

If yes, when?: \_\_\_\_\_

\_\_\_\_\_

Are you at least 18 years old? (yes/no): \_\_\_\_\_

How will you get to work?: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

What state issued your license?: \_\_\_\_\_

If you were offered employment, when would you be available to begin work?:

\_\_\_\_\_

Are you legally eligible for employment in the United States? (yes/no): \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation? (yes/no): \_\_\_\_\_

What reasonable accommodation, if any, would you require?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime, including traffic violations? (yes/no): \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Applicant Employment History: List your current or most recent employment first.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Mo./Year to Mo./Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment (Mo./Year to Mo./Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment (Mo./Year to Mo./Year): \_\_\_\_\_

Applicant's Education and Training: \_\_\_\_\_

List your education and training.

High School Name and Address: \_\_\_\_\_

\_\_\_\_\_

Last Grade?: \_\_\_\_\_

Diploma? (yes/no): \_\_\_\_\_

College Name and Address: \_\_\_\_\_

\_\_\_\_\_

Did you receive a degree? (yes/no): \_\_\_\_\_

If yes, degree received: \_\_\_\_\_

\_\_\_\_\_

Other Training (graduate, technical, vocational): \_\_\_\_\_

\_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

\_\_\_\_\_

**Applicant's Skills:**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and choose the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating

References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please provide any other information that you believe should be considered:

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