



(530) 222-8433

Commercial  Industrial  Residential

Stephens Electrical, Inc.
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Redding, CA 96003
530.222.8433
www.stephenselectricalinc.com

APPLICATION INFORMATION			
LAST NAME:	FIRST NAME:	MI:	DATE:
STREET ADDRESS:			APT./UNIT#
CITY:	STATE:	ZIP:	DATE OF BIRTH:
PHONE:		EMAIL:	MALE: FEMALE:
DRIVER LICENSE NO:	DL STATE:	DL EXP DATE:	DL CLASS
POSITION APPLYING FOR:		Desired Pay Rate: \$	Is Desired Pay Rate Negotiable ? YES ☐ NO ☐
ARE YOU A CITIZEN OF THE UNITED STATES?	YES ☐ NO ☐		
HAVE YOU WORKED FOR THIS COMPANY BEFORE?	YES ☐ NO ☐		IF SO, WHEN?
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES ☐ NO ☐		
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT A PRE-EMPLOYMENT DRUG SCREENING TEST:	YES ☐ NO ☐		18 YEARS OLD? YES ☐ NO ☐

EDUCATION				
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE	MAJOR

EMPLOYMENT HISTORY (LAST 4 EMPLOYERS OR 10 YEARS)					
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					
May we contact your previous supervisor for a reference?				YES ☐	NO ☐
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					
May we contact your previous supervisor for a reference?				YES ☐	NO ☐
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					
May we contact your previous supervisor for a reference?				YES ☐	NO ☐
MONTH/YEAR	EMPLOYER:	CITY:	SALARY:	POSITION	REASON FOR LEAVING
FROM:					
TO:					

REFERENCES			
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:

MILITARY SERVICES			
YES ☐ NO ☐	BRANCH:		FROM: TO:
RANK AT DISCHARGE:		TYPE OF DISCHARGE:	

CONSTRUCTION EXPERIENCE			
HAVE YOU EVER WORKED IN CONSTRUCTION?	YES ☐	NO ☐	HOW LONG:
DO YOU HAVE A STATE CERTIFICATION AS A JOURNEYMAN WIREMAN ELECTRICIAN? If yes, Number	Exp. Date		YES ☐ NO ☐
OPERATOR (IF YES WHAT EQUIPMENT):			YES ☐ NO ☐
OTHER EXPERIENCE, SKILLS OR CERTIFICATIONS:			

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all answers given herein are true and complete to the best of my knowledge.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in a discharge.

Signature of Applicant

Date

**** Attach a resume if you are not able to detail out all relevant experience above.**