



# Electrical Synergies, LLC

Position applying for

How did you hear about us?

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status. Please note: Any additional information supplied that is not requested within this application will void this application. Application must be filled out in its entirety to be considered for employment.

## Personal Information

Last Name

First Name

Email

Address

City

State

Zip

Phone

Best time to call

Are you currently employed?

Yes

No

## Work Experience

Employer

Address

Telephone

Job Title

Supervisor

Reason for Leaving

Dates Employed

Work Performed

Salary

Full time – Part time

Full-Time

Part-Time

**Employer 2**

**Address**

**Telephone**

**Job Title**

**Supervisor**

**Reason for Leaving**

**Dates Employed**

**Work Performed**

**Salary**

Full time – Part time

Full-Time

Part-Time

**Employer 3**

**Address**

**Telephone**

**Job Title**

**Supervisor**

**Reason for Leaving**

**Dates Employed**

**Work Performed**

**Salary**

Full time – Part time

Full-Time

Part-Time

**Are you currently on a “lay-off” status and subject to recall?**

Yes

No

## **References**

**Name**

**Company**

**Phone Number**

**Name**

**Company**

**Phone Number**

**Name**

**Company**

**Phone Number**