

R&M ELECTRICAL

TELECOMMUNICATIONS MAINTENANCE, INC.

1720 E. HANCOCK
MUSKOGEE, OK 74403

PH. 918-683-4304
FAX 918-683-5420

APPLICATION FOR EMPLOYMENT

We Consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Application Date: _____

Are you applying for a _____ Journeyman Electrician _____ Apprentice Electrician _____ Tower Climber

Last Name _____ First Name _____ Middle Initial _____

Address: Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____ Date of Birth _____

If you are under 18 years of age, can you provide required proof of you eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

Do any of your friends or relatives, other than spouse, work here?

Yes No

If Yes, state name, relationship and location _____

Are you currently employed?

Yes No

May we contact you present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship of immigration status will be required upon employment

Date available for work ____/____/____ What is your desired wage per hour? _____

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

Yes No

Can you travel if a job requires it?

Yes No

Do you have a valid driver's license?

Yes No

Have you ever been convicted of a felony or misdemeanor?

Yes No

Are you capable of heavy lifting and climbing?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

School	Name & Address of School	Course of Study	Year Completed	Diploma/ Degree
High School				
Undergraduate School				
Graduate/ Professional				
Other				

Work Experience

Employer	Dates Employed		Work Performed
Address			
Telephone Number	Hourly Rate		
Starting/Present Job Title			
Supervisor	May we Contact ___Yes ___No	Reason For Leaving?	
Employer	Dates Employed		Work Performed
Address			
Telephone Number	Hourly Rate		
Starting/Present Job Title			
Supervisor	May we Contact ___Yes ___No	Reason For Leaving?	
Employer	Dates Employed		Work Performed
Address			
Telephone Number	Hourly Rate		
Starting/Present Job Title			
Supervisor	May we Contact ___Yes ___No	Reason For Leaving?	
Employer	Dates Employed		Work Performed
Address			
Telephone Number	Hourly Rate		
Starting/Present Job Title			

Supervisor	May we Contact	Reason For Leaving?
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COMMENTS: Include explanation of any gaps in employment

Describe any specialized training, on-the-job training, apprenticeship, or skills

Do you have any medical conditions or take any prescription medicines? Yes _____ No _____

If yes, explain.

Personal/Professional References

Do not include family members or past supervisors.

Name	Phone number	Occupation
1		
2		
3		

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that I might be asked to take a random drug test at the employer's discretion!

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

X _____ DATE: _____