Collin Hammett Electric, LLC PO Box 11169, Conway AR 72034



		Applicant	Informa	ation			
Full Name:						Date: 07/18/2016	
	Last	First			М.І.		
Address:							
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email				
Date Availal	ble: 07/18/2016	Social Security No.:			Desired	d Salary: <u>\$</u>	
Position Applied for:							
Are you a citizen of the United States?						_	
Have you ev	YES NO Have you ever worked for this company? □ □ □						
YES NO Have you ever been convicted of a felony? I I 							
If yes, explain:							
		Edu	cation				
High School: Address:							
From:	То:	Did you graduate	YES ?	NO □	Diploma::		
College:		Addres	s:				
From:	То:	Did you graduate	YES ?	NO □	Degree:		
Other:		Addres	s:				
From:	To:		YES				
Military Service							
Branch:					From:	То:	
Rank at Discharge:			Туре	of Disc	charge:		
If other than honorable, explain:							

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References							
Please list	three professional references.						
Full Name:		Relationship:					
Company:		Phone:					
Address:							
Full Name:		Relationship:					
Company:		Phone:					
Address:							
Full Name:	·	Relationship:					
Company:		Phone:					
Address:							
	Previous Employment						
	(Start with current or most recent employed	er)					
Company:		Phone:					
Address:		Supervisor:					
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>					
Responsibil	ities:						
From:	To: Reason for Leaving):					
May we con	YES NO						
Company:		Phone:					
Company: Address:		Supervisor:					
Autress.							
Job Title:	Starting Salary:	Ending Salary:					
Responsibil	ities:						
From:	To: Reason for Leaving]:					
May we con	YES NO						

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PO Box 11169, Conway AR 72034

Phone 501.358.6506

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Previous Employment (Continued)							
				Phone:			
Address:				Supervisor:			
Job Title:	Starting Salary:			Ending Salary	:\$		
Responsibilitie	s:						
From:	То:	Reason fo	or Leaving:				
May we contac	t your previous supervisor for a reference?	YES	NO				
Company:				Phone: Supervisor:			
Job Title:	Starting Salary:						
Responsibilitie	s:						
From:	То:	Reason fo	or Leaving:				
YES NO May we contact your previous supervisor for a reference?							
Are there any periods of unemployment and/or part time work that are not listed above? If yes, explain:					YES	NO □	
Have you ever been suspended, placed on probation, asked to resign, or terminated? If yes, explain:				YES	NO □		
Additional Information							
Do you have any licenses or skills that you feel would benefit the company?				YES	NO □		

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Disclaimer and Signature

Certification: In consideration of this application for employment with the Company, I certify that all responses given by me, whether written or oral (including any supplements) are true, correct and complete. I understand that any misrepresentation or omission of facts given on the application and any supplements or made during interview(s) is sufficient cause for rejection of my application and dismissal from employment if and when discovered by the Company.

Completion of Application: I understand that completion of this application by me does not in any way indicate that there are any positions available and does not in any way obligate the Company.

Authorization and Release: I authorize the Company to make inquiries as it deems necessary into all statements made by me and to obtain any information, transcripts, records or documents pertaining to my background including, but not limited to, my personal and employment and all other related matters. I authorize all schools, individuals, employers and others to immediately respond to inquiries made in connection with this application for employment. I hereby release all parties, including the Company, from any and all liability or damage arising there from.

Employment-at-Will: I understand that this Employment Application and any other documents of the Company are not promises or contracts of employment for any term.

Drug Screening : I understand that I may be required to complete pre-employment drug screen. I understand that any offer of employment is conditional upon a negative drug screen report. I release the Company from any and all liability incident to completion of the drug screening.

Acknowledgement: I acknowledge that I have been given the opportunity to ask any questions about the above inquiries and Applicants Certification and Statement contained in my Application for Employment with the Company. I have read, understand and agree to the provisions contained in the Applicant's Certification and Statement. I understand this Application for Employment must be signed and dated. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: