



Employment Application

Office Use Only

Yoho Electrical Services Co., Inc.
 PO Box 881
 Mt. Airy, Maryland 21771
 301-703-4395 / Fax 301-703-4396
 www.YEScoinc.com

Social Security Number : - -

PRINT OR TYPE ALL INFORMATION

Yoho Electrical Services Co., Inc. is an equal opportunity employer
 Note: This application will expire one (1) year from today's date.
 If you wish to be considered for a position after that time, you must submit a new application.

Applying For:

Job Title:

Name and Contact Information:

Name:

Last

First

MI

Address:

Street

City

State

Zip

Home Phone:

Cell Phone:

Email:

DOB:

What date are you available to start work?

Education and Training:

Do you have a high school diploma or GED?

Yes

No

If not, what is the highest grade that you completed?

School:

Address
(City, State):

COLLEGE EDUCATION:

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB:

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST ANY OTHER SKILLS, LICENSES, OR AWARDS RELEVANT TO THE JOB:

Type Skill	Institution	Date
Type Skill	Institution	Date
Type Skill	Institution	Date

Please submit a copy of any relevant professional or trade licenses or certificates with this application. All applicants must supply proof of all stated educational accomplishments.

WORK EXPERIENCE

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

Beginning with your most recent position, list your work experience below. Include military service and volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Resumes may be attached to application packet. **Resumes are not a substitute for completing this portion of the application.**

Job Number 1		
Name of Employer:	Employer's Address (Street, City, State, Zip):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment:	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, please explain on additional sheet of paper.		
Job Duties:		
Reason For Leaving:		

Job Number 2		
Name of Employer:	Employer's Address (Street, City, State, Zip):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment:	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, please explain on additional sheet of paper.		
Job Duties:		
Reason For Leaving:		

Job Number 3		
Name of Employer:	Employer's Address (Street, City, State, Zip):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment:	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, please explain on additional sheet of paper.		
Job Duties:		
Reason For Leaving:		

Job Number 4		
Name of Employer:	Employer's Address (Street, City, State, Zip):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment:	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, please explain on additional sheet of paper.		
Job Duties:		
Reason For Leaving:		

REFERENCES

Please list three (3) references, not related to you, who can attest to your ability to perform the job for which you have applied. Complete mailing address, with zip code, is required.		
Name/Relationship:	Address:	Day-time Phone:
Name/Relationship:	Address:	Day-time Phone:
Name/Relationship:	Address:	Day-time Phone:

Driver's License No.:	State where license is issued:	
Driver's License Class:	Expiration Date:	Date of Issue:
Do you have any restrictions on your license? If yes, explain.		
<i>Note - The office will make a copy of your license to be kept in your personnel file.</i>		

Are you fluent in a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:

<p>Have you ever been convicted of a crime, received a verdict of anything other than not guilty, or are you the subject of any pending charges for the commission of or attempt to commit a crime? A crime is any act, or failure to act, which was in violation of the laws of the place where the act occurred. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe the act, when it occurred, the facts and circumstances, and any information pertaining to rehabilitation. (Do not include information on any criminal charges for which the records have been legally expunged) <i>Note: A conviction record will not necessarily bar you from employment.</i> (Please write this information on a separate sheet of paper and attach it to this application.)</p>
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PLEASE READ THE FOLLOWING NOTICES:

- YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.
- YOU MAY BE TESTED FOR ILLEGAL DRUG USE.
- **THERE IS A 90 DAY PROBATIONARY PERIOD FOR ALL NEW EMPLOYEES (SECTION 3.4 OF THE COMPANY HANDBOOK). DURING THIS TIME BOTH THE EMPLOYEE AND THE COMPANY HAVE THE RIGHT TO TERMINATE EMPLOYMENT WITHOUT ADVANCE NOTICE.**
- IT IS YOUR RESPONSIBILITY TO THOROUGHLY READ THE COMPANY HANDBOOK. ANY QUESTIONS SHOULD BE DIRECTED TO THE PRESIDENT OF YOHO ELECTRICAL SERVICES CO., INC.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Yoho Electrical Services Co., Inc. contacts in connection with my employment application to fully provide Yoho Electrical Services Co., Inc. with any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Yoho Electrical Services Co., Inc., its agents, officials, or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and interviewing committee/person. I give consent to this disclosure.

I understand that there is a 90-day probationary period for all new employees to determine whether or not further employment is suitable on the part of the employee (the undersigned) and Yoho Electrical Services Co., Inc. Additionally, I understand that any temporary position is at-will and of indefinite duration, and that Yoho Electrical Services Co., Inc. can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by Yoho Electrical Services Co., Inc.

I certify that I have read this form in its entirety and that the information herein provided is true, accurate and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge if I am employed. I further understand and agree that acceptance of this application on my part does not constitute an employment agreement.

SIGNATURE OF APPLICANT: _____

DATE: _____