

Sonoma Marin Electric Employment Application

We Are An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

_____ Date: _____
Last Name First Name Middle

Address:

No. & Street City State Zip

(____) _____ (____) _____
Cell Phone Home Phone Email Address

Are you eligible to work in the U.S? ___Yes ___No
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No
Have you ever been terminated from employment or asked to resign by an employer?
 Yes No
If yes, please provide company names and details

Are you currently employed? ____ If so may we inquire of your present employer? _____
Position applying for: _____
Please indicate experience in the following:
Foreman / leadership: _____

Heavy equipment operation: _____

Experience with underground construction: _____

Please list completion of any related worksite or safety training: _____

Do you have any friends or relatives working for RCX, Inc.?
 Yes No
If yes, state name(s) and relationship:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

If hired, would you have a reliable means of transportation to and from work? Yes No
This job involves manual labor of many types including lifting, shoveling, digging, and other related tasks. Are you able to perform these functions with or without a reasonable accommodation?
 Yes No



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Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ City State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ City State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) _____
First Name	Last Name	Telephone No
_____	_____	_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	
_____	_____	(____) _____
First Name	Last Name	Telephone No
_____	_____	_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	
_____	_____	(____) _____
First Name	Last Name	Telephone No
_____	_____	_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	



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Employment History

List below all present and past employment starting with your most recent. Account for all periods of unemployment. You must complete this section or provide a resume.

Name of Employer	() _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: _____ From To	
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	() _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: _____ From To	
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	() _____ Telephone No.
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: _____ From To	
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment, including my resume, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to investigate my references, work record, and education and authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **Sonoma Marin Electric**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
(Addendum: Background Check Disclosure and Authorization Form)

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or **Sonoma Marin Electric**, and that no promises or representations contrary to the foregoing are binding on **Sonoma Marin Electric**, unless made in writing and signed by me and the company's designated representative.

Initials If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California State Driver's License and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by **Sonoma Marin Electric**, auto insurance, if required for my position.

Initials I understand that if offered employment. I will as a condition of employment, be required to submit proof of my identify and legal right to work in the United States on my first day of employment.

Initials I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment .I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____/_____/_____
Date

Applicant's Signature

