



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, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Date of Application:

| | | | | | |
|-----------------------------|---------------------|--------------------------|----------|--------------------------|-------------|
| How Did You Learn About Us? | | | | | |
| <input type="checkbox"/> | Phone Book/Web Site | <input type="checkbox"/> | Friend | <input type="checkbox"/> | Inquiry |
| <input type="checkbox"/> | Employment Agency | <input type="checkbox"/> | Relative | <input type="checkbox"/> | Other _____ |

| | | |
|----------------------|-------------------------|--------------|
| Last Name: | First Name: | Middle Name: |
| Address: | City: | Zip Code: |
| Telephone Number(s): | Social Security Number: | |

Are you at least 18 years of age? (Those under 18 are required to show school & parent/guardian authorization for eligibility to work) Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: ____-____-____

Have you ever been employed with us before? Yes No
If Yes, give date: ____-____-____

Do any of your friends or family work here? Yes No
If Yes, state name & relationship: _____

Are you currently employed? Yes No

Date available for work: ____-____-____ Desired hourly rate? \$ _____

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a current Washington state electrical card? Yes No
01____ 02____ Apprentice____
(Please show proof, so we may photocopy)

How many months/years have you worked with a **residential** apprentice or journeyman card (total)? _____

Do you have a Washington State driver's license? Yes No
(Please show proof, so we may photocopy)

Have you been convicted of a crime within the last 7 years? Yes No
If Yes, please state the nature of the crime,date,place of conviction(s),and legal disposition of case

Are you eligible to work in the United States? Yes No
Will you now or in the future require sponsorship for employment Visa Status(e.g.,H-1B) Yes No

| Education: | Name and address of school | Diploma/ G.E.D./ or years completed |
|-----------------------|----------------------------|-------------------------------------|
| High School: | | |
| Trade School/College: | | |

| Hobbies/ Activities |
|---------------------|
| |
| |
| |

Essential Functions for this job:

- Stamina:** The ability to exert yourself physically over long periods of time without getting winded or out of breath.
- Static strength:**The ability to exert maximum muscle force to lift, push, pull or carry objects.
- Trunk strength:** The ability to use your abdominal and lower back muscles to support part of the body repeatedly or continuously over time without "giving out" or fatiguing.
- Arm/hand steadiness:** The ability to keep your hand and arm steady while moving/holding your arm or hand in one position.
- Manual dexterity:** The ability to quickly move your hand together with your arm, or your two hands to grasp, manipulate or assemble objects.
- Selective Attention:** The ability to concentrate on a task over a period of time without being distracted.
- Team work:** The ability to work alongside others as a team or alone without supervision.

Can you with,or without, reasonable accommodation perform the essential functions of this job? Yes No

I represent and warrant that all of the information on this application is accurate, complete and provides a fair and honest record of my background. I hereby consent to a review and confirmation of me as to my ability, personal character, professionalism and workmanship from all my previous employers. I authorize the release of information to Edison Electric Inc. from any and all employment references that I have listed on this application. This authorization and request includes, but is not limited to documents, background check or files regarding any charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed. A photocopy of this authorization shall be valid as the original.I hereby release Edison Electric Inc. and all of my previous employers, along with their officers and employees, from and against any and all liability of every nature and kind arising from or in connection with their good faith reliance on any information, whether not true or correct, obtained hereunder.

| | |
|---------------------------|------------------|
| _____ | _____ |
| Signature of Applicant | Date |
| _____ | _____ |
| Please Print Name Clearly | Soc. Sec. Number |

Previous work experience

| Start with your present job first. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. | | | |
|---|---|-----------------------|--|
| Employer | <u>Dates Employed</u> Month/day/year | | What were your physical requirements of this employer/ Job description |
| Address | | | |
| Telephone Number(s) | <u>Hourly Rate</u> Starting Final | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | May We Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | <u>Dates Employed</u> Month/ Day/year | | What were your physical requirements of this employer/Job description |
| Address | | | |
| Telephone Number(s) | <u>Hourly Rate</u> Starting Final | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | May We Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Address | | | |
| Telephone Number(s) | <u>Hourly Rate</u> Starting Final | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | May We Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | <u>Dates Employed</u> Month/ Day/ Year | | What were your physical requirements of this employer/ Job description |
| Address | | | |
| Telephone Number(s) | <u>Hourly Rate</u> Starting Final | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | May We Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |