Lighthouse Electric

5531 N. Mingo Rd

Tulsa, OK 74117

1 2 3

Office (918) 609-8400

Fax (918) 609-8416



An equal opportunity employer

## **Employment Application**

NAME (LAST NAME FIRST)							DATE		
ADDRESS	CITY				STATE		ZIP		
PREVIOUS ADDRESS IF LESS THAN 3 YEARS CITY					STATE		ZIP		
HOME PHONE	CELL PHONE				EMAIL				
EMERGENCY CONTACT NAME					EMERGENO	CY CONT	TACT PH	ONE	
HAVE YOU BEEN CONVICTED O YEARS? □YES	□NO	N THE PAST :	7	IF YES, EXPLAIN:					
ARE YOU LEGALLY AUTHORIZE IN THE US?	D TO WORK								
AVE YOU EVER SERVED IN THE US ARMED BRANCH OF ORCES?			SERVICE		DISCHARGE DATE		RANK		
								•	
			Em	ployment					
POSITION DESIRED			DATE YOU CAN START			SALARY DESIRED			
HAVE YOU EVER APPLIED TO LIGHTHOUSE ELECTRIC BEFORE? □YES □NO			LOCATION?			WHEN?			
HAVE YOU EVER WORKED FOR LIGHTHOUSE ELECTRIC?  □YES □NO			LOCATION?			WHEN?			
NAME OF THE LAST SUPERVISO	OR AT LIGHTH	OUSE ELECT	RIC?	REASON FOR L	EAVING?				
				IF SO MAY WE CALL YOUR PRESENT EMPLOYER? □YES □NO NAME NUMBER					
HOW DID YOU HEAR ABOUT T □NEWSPAPER ADVERTISEMEN			.ОУМЕ ПОТНЕ		ALK IN	□FRIE	ND	□WEBSITE	
			Re	ferences	_				
NAME						NUMBER			

Personal Information

		Eq	lucation					
SCHOOL LEVEL	NAME AND	CITY OF SCHOOL	YEARS ATT	ENDED	DIPLOMA?	SUBJECTS STUDIED		
HIGH SCHOOL								
COLLEGE								
TRADE OR BUSINESS SCHOOL								
		(	General					
	SPEC	IAL TRAINING, CERTI	FICATIONS, LICEN	SES, SKILI	LS, ETC			
		Previou	s Employmen	t				
	ST	ART WITH CURRENT	<u> </u>		YER			
IAME OF CURRENT OR MC								
DDRESS			CITY		STATE	ZIP		
TARTING DATE	ENDING DA	ΓE	JOB TITLE					
TARTING CALARY	ENDING CAL	ADV	MANAGE CONTACT VOLUE CUEFFILICORS					
TARTING SALARY	ENDING SAL		MAY WE CONTACT YOUR SUPERVISOR?  □YES □NO					
NAME OF SUPERVISOR	OF SUPERVISOR TITLE			PHONE				
AIVIE OF SUPERVISOR TITLE			THORE					
RESPONSIBILITIES		I						
REASON FOR LEAVING								
NAME OF PREVIOUS EMPL	OYER							
NDDDCCC			CITY		STATE	710		
ADDRESS			CITY		SIAIE	ZIP		
TARTING DATE	ENDING DA	TF	JOB TITLE					
TANTING DATE	LINDING DA	16	JOB IIILE					
ARTING SALARY ENDING SALARY		_ARY	MAY WE CONTACT YOUR SUPERVISOR?					
				NO	-			
NAME OF SUPERVISOR		TITLE			ONE			
RESPONSIBILITIES								
REASON FOR LEAVING								

NAME OF PREVIOUS EMPLO	OYER						
ADDRESS	CITY		STATE	ZIP			
STARTING DATE	ENDING DATE	JOB TITLE					
STARTING SALARY	ENDING SALARY	MAY WE CON □YES	ITACT YOUR SUPE □NO	R SUPERVISOR?			
NAME OF SUPERVISOR	TITLE		PHONE				
RESPONSIBILITIES							
REASON FOR LEAVING							
I cortifu that my answers a	Dis re true and complete to the	sclaimer and Signa					
	employment, I understand t			ny annlicatio	n or interview may result ir		
my release.	employment, runderstand t	nat juise of misicualing	, mjormation m r	ny application	roi merview may result ii		
Signature:				Date:			
INTERVIEWED BY	F	OR OFFICE USE O					
INTERVIEWED BY			DATE				
COMMENTS							
INTERVIEWED BY			DATE				
COMMENTS							
, CONTINUENTS							
HIRE DATE	POSITION		RATE O	F PAY			
START DATE	SUPERVISOR		LOCATI	ON			