



Pre-Employment Questionnaire – EOE

# 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, or any other legally protected status.

## CONTACT INFORMATION:

Date of Application:	Position Applied for:	
Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip:
Phone:	Cell:	
Best Time to Contact You:	SS # or Tax ID:	

## EMPLOYMENT INFORMATION:

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your currently employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required at time of employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:	____ / ____ / ____
What is your desired salary range?	_____

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate/ College				
Graduate/ Professional				
Other (please specify)				



**WORK EXPERIENCE:**

Start with your present or last job. 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:	Work Performed:
Address:	
Telephone:	
Job Title:	
Supervisor:	
Dates of Employment: From:                      To:	
Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Work Performed:
Address:	
Telephone:	
Job Title:	
Supervisor:	
Dates of Employment: From:                      To:	
Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Work Performed:
Address:	
Telephone:	
Job Title:	
Supervisor:	
Dates of Employment: From:                      To:	
Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**COMMENTS:** Include explanation of any gaps in employment.

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

**ADDITIONAL INFORMATION:**

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

**PERSONAL/PROFESSIONAL REFERENCES:**

Do not include family members or past supervisors

Name	Job Title	Company	Phone #

**APPLICANT'S STATEMENT:**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**HOW TO SUBMIT:**



**By Mail:**  
ECNY Electric, 1 Coligni Avenue  
New Rochelle, NY 10801



**By Fax:**  
(914) 654-9803



**By Email:**  
[info@ecnyelectric.com](mailto:info@ecnyelectric.com)