Western Pacific Electric, Inc.
2395 Tampa St., Ste. C
Reno, NV 89512

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)
(An Equal Opportunity Employer)

DATE: _____

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER: YES (___) NO (___)

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES: YES (___) NO (___)

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES (___) NO (___)
IF YES, DESCRIBE: _____

** You will not be denied employment because of a conviction record, unless the offense is related to the job for which you have applied. **

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? YES (___) NO (___) IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES (___) NO (___)

EVER APPLIED WITH W.P.E. BEFORE? YES (___) NO (___) WHEN? _____

WHAT PROMPTED YOU TO APPLY
RENO GAZETTE JOURNAL AD WEB /INTERNET AD REFERRAL (BY WHOM: _____) OTHER: _____

CIRCLE YOUR APPROPRIATE RESPONSE TO ABOVE QUESTION

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YRS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR CORRESPONDENCE SCHOOL				

DO YOU HAVE YOUR OWN VEHICLE? YES (___) NO (___)

VALID DRIVERS LICENSE? YES (___) NO (___) LICENSE NO. _____ STATE _____

LICENSE EXPIRATION DATE: _____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR THE POSITION WHICH YOU HAVE APPLIED? YES (___) NO (___) IF YES, PLEASE DESCRIBE WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION: _____

*This form has been reviewed for compliance with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

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FORMER EMPLOYERS (LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ON FIRST).

DATE MONTH AND YEAR	EMPLOYER NAME CITY AND STATE	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR).

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

GENERAL

LIST EQUIPMENT YOU CAN OPERATE EFFICIENTLY: _____

SPECIAL SKILLS FOR CONSIDERATION: _____

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at anytime.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I understand that at the discretion of the company, any supervisor or officer I can be required to take a drug test at the company's expense. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I authorize investigation of all statements contained herein and the references listed above to give you and any and all information concerning my previous employment and any pertinent information they may have personal or otherwise. And release all parties from all liability for any damage that may result from furnishing same to you."

SIGNATURE: _____ DATE: _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE NO

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

SALARY: _____ DATE REPORTING TO WORK: _____

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MISCELLANEOUS

A. CHECK WHICH SHIFTS YOU ARE AVAILABLE TO WORK: DAY { } EVENING { } NIGHT { }

B. CHECK WHICH JOB STATUS YOU WILL ACCEPT: FULL-TIME { } PART-TIME (Specify) { }

C. ARE YOU WILLING TO WORK OVERTIME, WHEN AND AS REQUIRED? YES { } NO { }

D. ARE YOU WILLING TO ACCEPT EMPLOYMENT THAT REQUIRES YOU TO TRAVEL OUTSIDE OF THE RENO/SPARKS AREA? YES { } NO { }

E. ARE YOU WILLING TO PROVIDE YOUR OWN TRANSPORTATION IF NECESSARY FOR YOUR EMPLOYMENT? YES { } NO { }

F. DO YOU POSSES A CURRENT RENO ELECTRICAL JOURNEYMAN CARD? YES { } NO { }

G. DO YOU POSSES A CURRENT RENO ELECTRICAL APPRENTICE CARD? YES { } NO { }

H. ARE YOU CURRENTLY LICENSED IN ANY STATE FOR ELECTRICAL CONTRACTING?
YES { } NO { }

IF YOU ANSWERED YES TO THE ABOVE QUESTION, WHICH STATE OR STATES?

I. ARE YOU WILLING TO CARRY A PAGER OR CELL PHONE FOR ON CALL, AFTER HOURS, WEEKEND, OR HOLIDAY SERVICE WORK? YES { } NO { }

J. HAVE YOU ATTENDED A STATE CERTIFIED ELECTRICAL APPRENTICESHIP PROGRAM?
YES { } NO { }

IF YOU ANSWERED YES TO THE ABOVE QUESTION, HOW MANY YEARS DID YOU ATTEND?

K. CAN YOU PROVIDE A CERTIFICATE OF COMPLETION FROM A STATE CERTIFIED ELECTRICAL APPRENTICESHIP PROGRAM? YES { } NO { }

L. DO YOU POSSES A CURRENT CALIFORNIA GENERAL JOURNEYMAN ELECTRICIAN'S CERTIFICATE? YES { } NO { }

M. PLEASE LIST ANY OTHER CERTIFICATIONS PERTAINING TO THE ELECTRICAL INDUSTRY YOU CURRENTLY HOLD.

N. DO YOU HAVE AN OSHA-10 CARD?
YES { } NO { }

COMMENTS: