

NWFO & POWER LLC

EMPLOYMENT APPLICATION

I. PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Date (DD-MM-YYYY)
Street Address			Home Phone
City	State	Zip	Cell Phone
If required for the position, do you have a valid driver's license? ☐ Yes ☐ No		If hired, would you have reliable transportation to and from work? ☐ Yes ☐ No	
Have you ever worked under a different name? ☐ Yes ☐ No If "Yes", name:		Do you know anyone who is working here? ☐ Yes ☐ No If "Yes", name and relationship:	
Have you ever worked for the Company? ☐ Yes ☐ No If "Yes", when: Position held:		Can you meet all attendance require ☐ Yes ☐ No If "No", why not:	

II. EMPLOYMENT INTERESTS		
Position Desired:	Date Available:	Salary Desired: ☐ Hourly Wage ☐ Annual Salary
Type of Employment Desired: Regular ☐ Full-Time ☐ Temporary ☐ Part-Time ☐	Days and hours available for work:	Would you be willing to work overtime? ☐ Yes ☐ No

III. EDUCATION INFORMATION				
School Level	Name and Location of School	Course of Study	Did you graduate?	Certificate or Degree Earned
High School			☐ Y ☐ N	
College/University			☐ Y ☐ N	
Post-Graduate			☐ Y ☐ N	
Business/Trade Technical			☐ Y ☐ N	

IV. REFERENCES (Business references we can contact those who have knowledge of your employment & competence)			
Name of Reference	Title and Company	Phone Number	Your Work Relationship with this Person

V. EMPLOYMENT INFORMATION (Begin with current or most recent employer)

1	Company Name		Phone		From Month/Year	To Month/Year
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? ☐ Yes ☐ No	

2	Company Name		Phone		From Month/Year	To Month/Year
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? ☐ Yes ☐ No	

3	Company Name and website link if applicable		Phone		From Month/Year	To Month/Year
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? ☐ Yes ☐ No	

Please account for any time you were not employed in the last 10 years, or since leaving school.

Time period	Reason for unemployment

VI. ACKNOWLEDGMENT*Please read carefully, initial each paragraph, and sign below.*

Initial	I hereby certify that I have not withheld or misstated any material facts that might adversely affect my application for employment and that the answers given by me are true and correct. I 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 any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.	
Initial	I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further, I authorize my former employers listed in this application to speak to officials of and 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. I authorize disclosure of this information in compliance with and in waiver of my rights under applicable privacy legislation.	
Initial	I understand that some positions at the Company require criminal background checks and that a criminal conviction is not an automatic disqualification for hire. I understand that I will be notified and will provide additional written authorization in case a criminal background check is required for a position that I may hold.	
Applicant's Signature:		Date: