



Jensen[®]
 Electric Company
EMPLOYMENT APPLICATION



**150 Isidor Ct., #201
 Sparks, NV 89441
 (775)322-3100
 (775)3225249 (Fax)
www.jensenelectricnv.com**

Title of Position You Are Applying For			Department
Last Name	First Name	Middle Initial	Home Phone ()
Mailing Address			Cell Phone ()
City	State	Zip	Email address:

Alternative contact info: Name _____ Phone Number _____

Will you accept	Full Time	Part Time	Extra-Help/On Call	Shift Work	Days or hours unwilling/unable to work
(check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are you able to perform the essential functions of this position, with or without reasonable accommodations? Yes No

Can you provide proof of citizenship, visa or alien registration if hired? Yes No

Have you ever been employed by Jensen Electric? Yes No Dates: From / / To / /

Do you have any relatives currently working for Jensen Electric? Yes No

Name	Dept/Div	Relationship
Name	Dept/Div	Relationship

Have you been convicted of a felony within the last 10 years? Yes No

Offense	Date
Offense	Date

NOTE: A conviction record does not necessarily constitute an automatic disqualification from employment.

EDUCATION AND TRAINING

Did you graduate from high school or receive a G.E.D? Yes No Location _____

College or Vocational School and Location	Dates From To	# Sem Credits	# Qtr Credits	Major Course of Study	Minor Course of Study	Degree Earned	Date of Degree

Professional Licences and Certificates	State of Issue	Exp. Date

Do you have a valid driver's license? Yes No State of Issue: _____

List any special skills you feel are pertinent:

FOR OFFICE USE ONLY	
---------------------	--

EMPLOYMENT HISTORY – List your work history for the last 10 years, including self-employment, volunteer work and military service. Begin with your most recent position in block 1 and list each position separately. Include experience beyond 10 years if it is related to the job for which you are applying. Attach additional employment history sheets in the same general format if needed. Indicating “see resume” or “see attached” will disqualify you from further consideration.

May we contact this employer? yes no contact me first

1	Most Recent Position Title	Employer Name, Address, Phone Number	Type of Business	Dates Worked (Month and Year) From: To:
	Primary Duties:			Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor				
Number and Types of Employees You Supervised				
Reason for leaving/considering change				

May we contact this employer? yes no contact me first

2	Position Title	Employer Name, Address, Phone Number	Type of Business	Dates Worked (Month and Year) From: To:
	Primary Duties:			Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor				
Number and Types of Employees You Supervised				
Reason for leaving/considering change				

May we contact this employer? yes no contact me first

3	Position Title	Employer Name, Address, Phone Number	Type of Business	Dates Worked (Month and Year) From: To:
	Primary Duties:			Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor				
Number and Types of Employees You Supervised				
Reason for leaving/considering change				

May we contact this employer? yes no contact me first

1 Most Recent Position Title	Employer Name, Address, Phone Number	Type of Business	Dates Worked (Month and Year) From: To:
Primary Duties:			Total Years/Months Worked
			# Hours Worked per Week
			Salary
Name and Title of Immediate Supervisor			
Number and Types of Employees You Supervised			
Reason for leaving/considering change			

May we contact this employer? yes no contact me first

2 Position Title	Employer Name, Address, Phone Number	Type of Business	Dates Worked (Month and Year) From: To:
Primary Duties:			Total Years/Months Worked
			# Hours Worked per Week
			Salary
Name and Title of Immediate Supervisor			
Number and Types of Employees You Supervised			
Reason for leaving/considering change			

May we contact this employer? yes no contact me first

3 Position Title	Employer Name, Address, Phone Number	Type of Business	Dates Worked (Month and Year) From: To:
Primary Duties:			Total Years/Months Worked
			# Hours Worked per Week
			Salary
Name and Title of Immediate Supervisor			
Number and Types of Employees You Supervised			
Reason for leaving/considering change			

AGREEMENT AND RELEASE

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Jensen Electric to conduct a complete investigation of any and all information contained in this Employment Application. In the event of employment, I understand that any false or misleading statements contained in my application may result in discharge. I further understand that I will be required to abide by all Jensen Electric policies.

Signature

Date

Once completed please email this application to Elizabeth@jensenelectricnv.com