

APPLICATION FOR EMPLOYMENT



9430 N Twin Lake Rd NE
Mancelona, MI 49659
231-676-9221
info@freedomutility.com

PLEASE COMPLETE ALL PAGES OF THIS APPLICATION (THREE)

- ALL APPLICANTS ARE SUBJECT TO A PRE-EMPLOYMENT DRUG SCREEN
- FREEDOM UTILITY PLACEMENT IS AN EQUAL-OPPORTUNITY EMPLOYER
- PLEASE PRINT ALL INFORMATION LEGIBLY IN BLUE OR BLACK INK

PERSONAL INFORMATION: _____

DATE COMPLETED: _____

NAME: _____
LAST FIRST MIDDLE SUFFIX

CURRENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

TIME AT CURRENT ADDRESS: _____ SOCIAL SECURITY # _____ - _____ - _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

POSITION DESIRED: _____ WAGE DESIRED: _____

ARE YOU ABLE TO WORK OVERTIME IF NEEDED (>40 HRS/WEEK)? _____

WHEN COULD YOU BE AVAILABLE TO START WORK? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Y N

NOTE: A FELONY CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVERS' LICENSE? Y N ISSUING STATE: _____ CHAUFFEUR'S: Y N

CLASS: _____ ENDORSEMENTS: _____ RESTRICTIONS: _____

EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR & DEGREE
High School				
College				
Trade School				
Professional School				

Please list and special training(s) or other credentials that may be applicable to the position applied for:

WORK EXPERIENCE: Please list employment history for at least the past 5 years.

EMPLOYER: _____ CITY & STATE: _____
LAST POSITION HELD: _____ START DATE: _____ END DATE: _____
SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: _____
STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ CITY & STATE: _____
LAST POSITION HELD: _____ START DATE: _____ END DATE: _____
SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: _____
STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ CITY & STATE: _____
LAST POSITION HELD: _____ START DATE: _____ END DATE: _____
SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: _____
STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ CITY & STATE: _____
LAST POSITION HELD: _____ START DATE: _____ END DATE: _____
SUPERVISOR'S NAME: _____ TELEPHONE NUMBER: _____
STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____

Please list any equipment that you can operate proficiently (include HDD locating systems):

