

A Drug Free Workplace  
**Buhl Electric Company, Inc.**

AN EQUAL OPPORTUNITY EMPLOYER  
 1304-F SEVERN WAY  
 STERLING, VIRGINIA 20166  
 (703)-450-2100

**EMPLOYMENT APPLICATION**

**Personal**

**Valid 30 days**

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Cell Phone
Position Desired	Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?		
Do you wish to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Specify days and hours if Part Time. Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Hours:			Pay Expected \$ <b>hourly</b>
How will you travel to work? <input type="checkbox"/> Own Car <input type="checkbox"/> Other (specify)		Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: How did you learn about Buhl Electric Company?			When will you be available to begin work?
Briefly describe the type of work desired. State reason for wanting to work at Buhl Electric Company.			

**Education**

	Elementary	High	College/University	Trade/Business Correspondence
School Name				
Years Completed: (check)	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				
Describe specialized training, Apprenticeship, Skills, and Extra – Curricular Activities/Honors				

Indicate if you have any of the following office skills: (Please specify)

Computer \_\_\_\_\_

Office Machines \_\_\_\_\_

Other \_\_\_\_\_

Typing (WPM) \_\_\_\_\_

## Employment Experience

List each job held. Start with your Present of Last job. Include military service assignments and volunteer activities.

Employer	Dates From To	Job Title/ Work Performed
Address		
Telephone	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		
Employer	Dates From To	Job Title/ Work Performed
Address		
Telephone	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		
Employer	Dates From To	Job Title/ Work Performed
Address		
Telephone	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		
Employer	Dates From To	Job Title/ Work Performed
Address		
Telephone	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		

IN THE PAST YEAR, HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK? \_\_\_\_\_

INDICATE NUMBER OF FULL TIME JOBS HELD SINCE LEAVING SCHOOL (EXCLUDING MILITARY SERVICE) \_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE

Yes  No

If no, indicate which one(s) you do not wish us to contact and why

### Summarize Special Skills and Qualifications

Acquired from Employment or other experiences.

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List professional, trade, business or civic activities, honors or awards:

(You may exclude memberships which would reveal sex, race, religion, national origin, ancestry, handicap or other protected status.)

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List Professional, trade or business licenses:

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Within the last five years have you ever been cited for any moving traffic violations?  Yes  No

If YES, list the nature and dates.

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Current Driver's license number \_\_\_\_\_

State in which issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Answering "YES" to the following questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "Guilty" or "No Contest" to, or been convicted of a crime?  Yes  No

If YES, please provide date(s) and details.

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## **Agreement**

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The information provided herein is true, correct and complete to the best of my knowledge. If employed, any Misstatement or omission of fact on this application may result in dismissal.

I understand any offer of employment is conditional upon the results of a drug screen.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Buhl Electric Company to continue to employ me in the future. All employment by Buhl Electric is "at will" and either the company or any employee may terminate employment without cause or reason at any time without prior notice

I authorize you to make such investigations and inquires of my person, employment, financial or medical history and other related matter as may be necessary in arriving a tan employment decision. I hereby release employers, schools Or persons from all liability in responding to inquires in connection with my application

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

\_\_\_\_\_  
Date

Physical and Mental Requirements for the position of \_\_\_\_\_

1. Lifting: Must be able to lift at least 50 pounds on a continual basis.
2. Carrying: Must be able to carry at least 50 pounds on a continual basis.
3. Climbing: Must be able to climb stairs and have the ability to climb a 20 foot ladder.
4. Repetitive Tasks: Must be able to use feet and hands for repetitive tasks i.e. simple grasping, foot control, fine manipulation of both hands etc.
5. Standard Tasks: Must be able to stand, walk, sit, drive, bend, squat, crawl and reach.

I certify that I have read and understand the Job Description for the position of \_\_\_\_\_ I certify that I have no physical or mental disabilities which would prevent me from performing the necessary job requirements for the position of

\_\_\_\_\_  
The information above is true, correct and complete to the best of my knowledge. If employed, any misstatements or omissions of fact may result in my dismissal.

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

\_\_\_\_\_  
Date