



www.caronelectric.com

Provide copy of your Drivers License

PRE-EMPLOYMENT APPLICATION

Caron Electric(S.A. Caron Co., Inc.)is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until **all** question have been answered. This questionnaire is a pre-employment application only.

PERSONAL
Date: _____

Name: _____

Last
First
Middle
Home Phone: _____
Alt. Phone: _____

Present Address: _____

No.
Street
City
State
Zip

Social Security No.: _____ Are you over 18? Yes ___ No ___

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes ___ No ___

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes ___ No ___
 If yes, state the offense, location, date and disposition _____

Who should be contacted in case of an emergency? _____

Name
Phone Number

Street Address _____ City _____ State _____ Zip _____

Drivers License : State _____ Number _____ Type A B C D M

EMPLOYMENT DESIRED

Are you seeking Full Time Part Time Temporary or Summer Employment

Position applied for _____ Salary Desired _____

Have you ever applied with us before? Yes No Date available to start: _____

Have you ever worked here before? Yes No If you ever applied or worked for us, state when and where you applied and/or worked. _____

How did you learn of our company and/or position? _____

Are you now or do you expect to be involved in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No _____

MILITARY

Have you ever served in the military? Yes No Service Branch _____

What was your occupational speciality (MOS)? _____

What special training did you receive that may help you if employed by us? _____

PERSONAL/HEALTH

Can you lift a minimum of 70 lbs? Yes No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company? Yes No

Have you used any illegal drug, including marijuana, in the last twelve months? Yes No

Have you ever had a conviction for driving while intoxicated, or under the influence of drugs or alcohol? (If yes, when ___/___/___) Yes No

Are you willing to take a physical exam and a drug screen at our expense? Yes No

How many days leave did you take last year? _____

How many Fridays & Mondays did you take as leave last year? _____

EDUCATION

High School	Graduate Yes No	Courses Studied:
College	Graduate Yes No	Courses Studied:
Trade School	Graduate Yes No	Courses Studied:

In the Lines Provided Please List Your Strengths and Weaknesses. _____

Are you planning to pursue further studies? Yes No If so, when and what courses: _____

List any scholastic honors, offices held and activities involved in during high school or college: _____

List and describe any other School or Specialized Training: _____

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Present/Last Employer

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From: Mo. _____	To: Mo. _____	Starting \$ _____
Telephone	Nature of Business	Yr. _____	Yr. _____	Ending \$ _____
Title	Reason for Leaving			
Duties				

Second to Last Employer

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From: Mo. _____	To: Mo. _____	Starting \$ _____
Telephone	Nature of Business	Yr. _____	Yr. _____	Ending \$ _____
Title	Reason for Leaving			
Duties				

Third to Last Employer

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From: Mo. _____	To: Mo. _____	Starting \$ _____
Telephone	Nature of Business	Yr. _____	Yr. _____	Ending \$ _____
Title	Reason for Leaving			
Duties				

Have you ever worked under another name, please give that name: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

SPECIAL SKILLS:

Do you type? Yes No Words Per Minute _____

Do you have other skills or talents that you want to mention? _____

Have you had any computer experience or training? Yes No

If yes, please describe the extent: _____

What languages do you speak and or write fluently? _____

Use the space below to describe why you are interested in working for us. List the skills and abilities which you feel particularly qualify you for a position with us. Please attach a resume if you have one available. _____

REFERENCES:

Give three(3) references, not relatives or former employees.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical may be a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the manager. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature _____ Date _____

COMPANY USE ONLY

Interviewed By: _____ Date: _____ Driver's License #: _____

Interviewers Remarks: _____
