

Sun Electric Company, Inc.

2117 N. Central St.

Knoxville, TN 37917

Phone: (865) 523-4106



EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY Rate of pay: _____ Approved By: _____

PLEASE TYPE OR PRINT

PERSONAL INFORMATION						
1	FULL NAME – LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.		
2	PRESENT ADDRESS – STREET	CITY	COUNTY	STATE	ZIP CODE	AREA CODE – PHONE NO.
3	PERMANENT ADDRESS – STREET	CITY	COUNTY	STATE	ZIP CODE	AREA CODE – PHONE NO.
4	HAVE YOU EVER APPLIED FOR WORK OR BEEN EMPLOYED BY THIS COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPECIFY LOCATION AND APPROXIMATE DATE			PRESENT WORK NO.
5	FOR REFERENCE PURPOSES: If you have ever been known by or used another name (e.g. Married or maiden name, etc.) Specify name and date.	NAME AND DATE			MARINE DEPT. APPLICANTS ONLY: CAN YOU SWIM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6	ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT AUTHORIZATION DO YOU HAVE TO WORK IN THE U.S.?			
7	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE WHICH HAS NOT BEEN ANNULLED OR SEALED BY A COURT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN			

E-MAIL ADDRESS:							
8	DO YOU HAVE A DRIVER'S LICENSE AT PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	DRIVER'S LICENSE NO.	EXPIRATION DATE	MONTH OF BIRTH	DAY OF BIRTH
9	IN CASE OF EMERGENCY PLEASE NOTIFY:	NAME	ADDRESS	RELATIONSHIP TO APPLICANT	AREA CODE-PHONE NO.		

EMPLOYMENT INTEREST			
1	WHAT POSITION ARE YOU SEEKING?	MINIMUM SALARY REQUIREMENT \$	DATE AVAILABLE FOR WORK

EDUCATION RECORD										
	NAME AND LOCATION OF SCHOOL	DATES ATTENDED				MAJOR SUBJECT AND DEGREE CONFERRED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	
		FROM	TO		MO./YR.					
		MO./YR.	MO./YR.							
1	HIGH SCHOOL									
2	VOCATIONAL OR TECH SCHOOL									
3	COLLEGE OR UNIVERSITY									

MILITARY RECORD			
1	TYPE OF MILITARY SERVICE	HIGHEST RANK ATTAINED	DATE OF DISCHARGE
2	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES		

PLEASE LIST BELOW REFERENCES NOT EMPLOYED BY THIS COMPANY		
NAME	ADDRESS	TELEPHONE NO.

EMPLOYMENT EXPERIENCE

EMPLOYMENT: Please list employment history, starting with most recent position. Use extra sheet of paper if needed.

1	FROM MO. / YR.	COMPANY NAME	SUPERVISOR'S NAME AND TITLE	PHONE NUMBER ()
		COMPANY ADDRESS	CITY STATE	ZIP CODE
	TO MO. / YR.	LIST JOB TITLE AND EXPLAIN DUTIES		
	STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING () RESIGNED () DISCHARGED () LAID OFF (EXPLAIN)	
	HOME ADDRESS WHILE EMPLOYED			
2	FROM MO. / YR.	COMPANY NAME	SUPERVISOR'S NAME AND TITLE	PHONE NUMBER ()
		COMPANY ADDRESS	CITY STATE	ZIP CODE
	TO MO. / YR.	LIST JOB TITLE AND EXPLAIN DUTIES		
	STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING () RESIGNED () DISCHARGED () LAID OFF (EXPLAIN)	
	HOME ADDRESS WHILE EMPLOYED			
3	FROM MO. / YR.	COMPANY NAME	SUPERVISOR'S NAME AND TITLE	PHONE NUMBER ()
		COMPANY ADDRESS	CITY STATE	ZIP CODE
	TO MO. / YR.	LIST JOB TITLE AND EXPLAIN DUTIES		
	STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING () RESIGNED () DISCHARGED () LAID OFF (EXPLAIN)	
	HOME ADDRESS WHILE EMPLOYED			
4	FROM MO. / YR.	COMPANY NAME	SUPERVISOR'S NAME AND TITLE	PHONE NUMBER ()
		COMPANY ADDRESS	CITY STATE	ZIP CODE
	TO MO. / YR.	LIST JOB TITLE AND EXPLAIN DUTIES		
	STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING () RESIGNED () DISCHARGED () LAID OFF (EXPLAIN)	
	HOME ADDRESS WHILE EMPLOYED			
	MAY WE CALL YOUR PRESENT EMPLOYER NOW? <input type="checkbox"/> YES IF NO, WHEN MAY WE CALL? <input type="checkbox"/> NO			
	DO YOU HAVE AN AGREEMENT WITH ANY CURRENT OR FORMER EMPLOYERS THAT IN ANY WAY RESTRICTS FUTURE EMPLOYMENT ACTIVITIES? IF YES, PLEASE INCLUDE A COPY OF THE AGREEMENT. <input type="checkbox"/> YES <input type="checkbox"/> NO			