

**EMPLOYMENT APPLICATION**

1.

Employer: H&M ELECTRICAL SERVICES, LLC  
Address: 220 MAUDE ST  
City/State/Zip: WHARTON, Texas 77488  
Telephone: (979)532-1204

It is the policy of H&M ELECTRICAL SERVICES, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

3.

Who should be contacted if you are involved in an emergency?  
Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4.

Job Position Applied For: \_\_\_\_\_

5.

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6.

Referral Source: Who referred you to our company?  
\_\_\_\_\_

7.

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

8.

Driver's License Number: \_\_\_\_\_

What state issued your license? \_\_\_\_\_

9.

Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state any limitations:

\_\_\_\_\_

10.

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

11.

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

12.

Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you require?

\_\_\_\_\_

13.

Applicant Employment History: List your current or most recent employment first.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

14.

References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

15.

Please provide any other information that you believe should be considered:

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize H&M ELECTRICAL SERVICES, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of H&M ELECTRICAL SERVICES, LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE