TheOutdoorLights

Drug Free Workplace

Job Title:

Major Duties:

From_____ To_____ Reason For Leaving_____

Pre-Employment Drug Testing Required

	APPLIC	ANT INF	ORMATION		
Full Name:				Date:	
	iddle Initial		Last		M/D/Y
Address: Street Address A	pt/Unit#		City	State	Zip
CONTACT INFORMATION Home Phone:	(Cell Phone:		Other Phone:	
Social Security Number:	F	Position Ap	plied For:		
How Where You Referred To Us?					
Summarize Any Special Skills or Qualification	ons:				
Do you have general computer knowledge?	Please exp	plain:			
Are you a citizen of the United States?	□ Yes	□ No	f no, are you authorized	to work in the U.S.2	□ Yes □ No
Have you ever been convicted of a felony?	□ Yes			to work in the 0.0.	
,	□ Yes				- □ Yes □ No
Do you have a current Georgia Drivers License?			f yes, do you have point	is on your license?	
		EDUCAT	ON		
High School:	Did you G	Graduate: 🗆 `	res 🗆 No 🛛 GED 🗆 Yes 🛛	□ No Highest Grade Co	ompleted:
College/ University:	Did You (Graduate:	Degree:		
Other or Work Related Education:			Please Describe:		
	Емрі	OYMENT	HISTORY		
List employment starting with your most recent					
Name Of Employer:	-	ress		Phone	
Job Title:Su	ipervisor		Starting S	alary Ending S	alary
Major Duties:					
FromToReason For Leaving			May We contact your previ	ous supervisor for a referen	ce? □ Yes □ No
Name Of Employer:		Address		Phone	

3335A Hutchinson Road — Cumming, GA 30040 — Phone 770.844.1760 — Fax 770.844.1747 www.TheOutdoorLights.com Design Build—Installation—Maintenance

Supervisor_____ Starting Salary _____ Ending Salary _____

May We contact your previous supervisor for a reference?
Yes No

EMPLOYMENT HISTORY (Continued)

Continue listing your employment history:				
Name Of Employer:	F	Address		Phone
Job Title:	_ Supervisor		Starting Salary	Ending Salary
Major Duties:				
From To Reason For Leaving		May We contact	your previous supervisor for	r a reference? 🗆 Yes 🛛 No
Name Of Employer:	<i>H</i>	Address		Phone
Name Of Employer: Job Title:				
	_ Supervisor			
Job Title:	_ Supervisor		Starting Salary	_Ending Salary

Please list three professional references o references should be business or persona	r the names and addresses of two pe		whom you have not been employed,
Name	Daytime Phone	Occupation	Years Known
Name	Daytime Phone	Occupation	Years Known
Name	Daytime Phone	Occupation	Years Known
	Γ υτυ	RE PLANS	
Briefly explain your future plans			
List a short term goal (1 year)			
List a long term goal (5 years)			
		EULLY REFORE SIGNING	

REFERENCES

I CERTIFY THAT ALL PROCEEDING INFORMATION GIVEN BY ME IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I understand that an investigation may be made whereby information is obtained regarding my character, pervious employment, general reputation, educational background and/or criminal history. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that , if employed, my employment may be terminated with or without cause, and with or without notice at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make an agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant you permission to confirm the information supplied by me on this application

APPLICANT SIGNATURE

DATE

The Outdoor Lights, Inc. REQUIRES PRE-EMPLOYMENT DRUG TESTING

TheOutdoorLights

§ The Outdoor Lights, Inc. utilizes employment testing as a part of our normal hiring procedures. This form is designed to accompany each application. The questions are used to help us at The Outdoor Lights validate and /or get an overall idea of the background of each candidate considered for employment.

Name as listed on Drivers License		
Drivers License Number	Expiration Date	
Restrictions:	State of Issue	

PLEASE ANSWER EACH FOLLOWING QUESTION

1. Is there anything that would prevent you from operating a company vehicle?

If answered yes, please explain?

- What method of transportation will you use to get to and from work?
- 3. List a several tasks you performed at your last job:
- 4. During your previous employment did you do any type of electrical work?_____

If answered yes, please explain?_____

5. Would you describe yourself as -a leader? £ Yes £ No -a follower? £ Yes £ No

6. Can you accurately read a tape measure?

§ Continued on back>

ANSWER THE FOLLOWING NO CACULATORS PLEASE

1.	2.75 + 3.75 =
	12 x 10 =
	16/4 (16 divided by 4) =
4.	6.38 + 6 .37 =
	7 x 6.75 =
	58.63 + 23.37=
	108-34 =
	98.75 -13 =
	34 .37 - 26.62 =
	1001 + 333 =

USE THIS AREA FOR YOUR CALCULATIONS: