## **Application for Employment**

## **NEC** is an Equal Opportunity, Affirmative Action Employer

All applicants are considered for all positions on the basis of each individual's qualifications and ability to perform the job and without regard to race, color, religion, gender, national origin, age, sexual orientation, disability, veteran status, or any other basis prohibited by law.

If you need an accommodation to apply or interview, please inform our Human Resources Department.

PLEASE PRINT IN INK. You must complete the entire application.					
APPLICANT INFORMATION					
POSITION APPLYING FOR:					
Name (first, middle, last):					
Address (street) (city, state, zip code)		Telephone N	Number		
Social Security Number:	Date of Application:				
Are there other names under which you have worked or attended school?					
Are you legally authorized to work in the U.S.A? (If hired, you will be required to provide proof of work authorized)	☐ Yes	□ No			
Are you at least 18 years old?  (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)					
Are you a veteran of the U.S. Military service?  If yes, list branch:		☐ Yes	□ No		
Have you ever been convicted of a crime or pleaded no contest for any offense or violation					
other than minor traffic violations?  If yes, describe the 1) nature of crime:		Yes	□ No		
and 3) state in which convicted:      (Convictions are not an automatic bar to employment.)					
Do you have any <i>pending</i> criminal charges against you?  If yes, describe the 1) nature of the charges:		☐ Yes	□ No		
2) date issued: and 3) county and state where issued:					
Have you ever applied at this company before?  ☐ Yes ☐ No If yes, when: ☐ Yes ☐ No		worked at NEC before?  o If yes, when:			
When can you start?					
How did you learn about this job opening? ☐ Job Service /JobNet ☐ Friend / Relative ☐ Walk-In ☐ Newspaper ☐ NEC ☐ Agency ☐ Other					

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EDU	JCATION		<u> </u>			
School	Name and Location (city, state)		Number of Years Attended		Diploma or Degree Received	
High				,	☐ Yes ☐ No	
College					☐ Yes ☐ No	
Oolicgo					Туре:	
Graduate					☐ Yes ☐ No	
					Type:	
Other					☐ Yes ☐ No	
(Specify)			_		Туре:	
				<b>I</b>		
	."-	OURSES - List any relev		ent / Topics	Date(s) Attended	
Course/Se	eminar ———	Training Organization	Conte	int / Topics	Date(3) Attended	
	· ·					
<u></u>						
SPI	ECIAL SK	ILLS and Licenses				
List langu	ages you:	Speak	Read		and/or Write	
	Fluent →					
	Good →					
	Fair <del>→</del>				ata formation of the control of the	
	ense or cer ch you are a	tification issued by the sta applying:	te or a group	o, association, or so	ciety relating to the	
	other skills, o	experience, and knowledg lying:	e you have t	hat are directly rele	vant to the position	

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**EMPLOYMENT HISTORY** - Start with your most recent or current job. Include military assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, age, etc. Add a separate sheet if necessary. 1. Name of Employer: Telephone: ( Address: Your Job Title: Employment Dates (month and year): From To Name of Immediate Supervisor: Description of Duties: Salary - start: Salary - end: Reason for Leaving: If currently employed here, may we contact this employer as a reference? ☐ Yes □ No 2. Name of Employer: Telephone: ( ) Address: Your Job Title: Employment Dates (month and year): From To Name of Immediate Supervisor: Description of Duties: Salary - start: Salary - end: Reason for Leaving: ☐ Yes If currently employed here, may we contact this employer as a reference? ☐ No 3. Name of Employer: Telephone: ( ) Address: Your Job Title: Employment Dates (month and year): From Name of Immediate Supervisor: Description of Duties: Salary - start: Salary - end: Reason for Leaving: 4. Name of Employer: Telephone: ( Address: Your Job Title: Employment Dates (month and year): From Name of Immediate Supervisor: Description of Duties: Salary - start: Salary - end: Reason for Leaving:

REFERENCES - No relatives or pre	viously listed super	visors.		
Name	Tele	phone ( )	,	
Address				
Relationship	How	long known?		
Name	Tele	Telephone ( )		
Address				
Relationship	How	long known?		
Please Read Carefu	lly Before Signi	ng This Form		
All of the information I have provided in a knowledge and belief. I understand that result in denial of employment or be caused. Regardless of whether or not National recognize that this application is not and I understand that employment at NEC is terminated with or without cause, and we further understand that no NEC employed contract regarding duration or terms and NEC, and then only by means of a signed I understand that any job offer I may reduce screening and that NEC will inform me in I hereby authorize National Electrostation application and contact any or all of my familiar with me or my employment, educe verifying any information I have provided whether favorable or unfavorable, about fully release and hold harmless any pertaining to me or my employment.  Signed by Applicant	at misrepresentation use for subsequent of the s	s or omissions of dismissal if I am appropriation (NEC) dered a contract and that my employ time, at my option has the authority loyment other that.  In my passing a pation is also a job exercipate my response or any individual background for one of obtaining a pent. I voluntarily ation that providuation the providuation that providuation the providuation that providuat	employs me, I of employment. Dyment may be son or NEC's. It is to enter into a an an officer of the urinalysis drug or requirement. Sponses on this is who may be the purpose of any information, and knowingly les information	
Please Print Your Name				
Thank you for your interest			<b>on</b> . 040	
For Office Use Only	Date	Remarks		
Interviewed by:				
Employed? □ Yes □ No	Start date:	Department	Salary:	
Job Title:			By: Title:	