



An Equal Opportunity Employer

# Employment Application

PLEASE PRINT, COMPLETE AND FAX WITH RESUME TO: (813) 929-0011

Kazar's Electric, Inc. observes all Federal and State regulations related to discrimination in employment. Please read the entire Employment Application form before you begin filling it out. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Please answer all questions indicating "None" or "N/A" where applicable. Resumes will not be acceptable in lieu of any information required on this application form. This employment application must be filled out completely before any offer of employment can be considered.

## PERSONAL DATA

Last Name:		First Name:		Middle Name:	Other Last Name(s) by which you have been known?:		
Address:			City:	State:	Zip:	Telephone (area code):	
Mailing Address (if different than above):			City:	State:	Zip:	Telephone (area code):	
E-mail Address:				Are you under 18?: <input type="radio"/> Yes <input type="radio"/> No		How were you referred to Kazar's Electric, Inc.?:	
Have you previously worked for KE?: <input type="radio"/> Yes <input type="radio"/> No		If Yes, Department/Location:			From (Mo./Yr.):	To (Mo./Yr.):	
List Below, the names of any individual employed by Kazar's Electric who know you:					Department:		
Name: _____					Department: _____		
Name: _____					Department: _____		
Position desired:		Minimum salary required:		Shift desired:		Date available to start work:	
Employment status preferred (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal				Are you legally eligible for employment in the United States?: <input type="radio"/> Yes <input type="radio"/> No			
				Are you able to meet the attendance requirements of the position?: <input type="radio"/> Yes <input type="radio"/> No			
Person to Notify in case of Emergency:			Address:			Telephone (area code):	

## TRAINING AND EDUCATION

High School attended:				Did you Graduate?: <input type="radio"/> Yes <input type="radio"/> No		If No, highest grade completed: <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Address:			City:	State:	Zip:	Telephone (area code):	
U.S. Military School (name):			Location:		Course of study:		From (Mo./Yr.): To (Mo./Yr.):
Apprentice, Business or Technical Schools (name):			Location:		Course of study:		From (Mo./Yr.): To (Mo./Yr.):
Please list type of electrical training you have and each license you hold:					Years electrical experience:		Years electrical experience in Florida:

## COLLEGES ATTENDED

College or University (name & location)	Dates		Field of Specialization	Degree Conferred	
	From	To		Title	Date (Mo./Yr.)
Scholastic Honors:		Honor Societies:		Extra Curricular Activities:	

Please describe your work experience here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_