

Legacy Electrical Services, Inc.  
 2421 Lance Ct., Ste. C  
 Loganville, GA 30052  
*An Equal Opportunity Employer and a Drug Free Workplace*

**APPLICATION FOR EMPLOYMENT**

*Employees of Legacy Electrical Services, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, political affiliation, national origin, disability, marital status, gender or age.*

**GENERAL**

Position applied for \_\_\_\_\_ Department \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Email address \_\_\_\_\_

**EDUCATION**

Check highest grade completed  1  2  3  4  5  6  7  8  9  10  11  12

If you did not complete high school, do you have a high school equivalency diploma?  yes  no

Check number of years of post-high school education  1  2  3  4  5  6  7

Post high school education (include college / university / trade / technical / other)

Institution Name/City	Hrs/Degree	Major/Specialty	Minor	Dates Attended

If you expect to complete an education program in the near future, indicate what type of degree or program and expected completion date.

**REFERENCES** Include only those who know your qualifications

Name	Address	Phone	Relationship

**OFFICE SKILLS** Computer related (if applicable to the position to which you are applying)

Outlook  Word  Excel  Access  Publisher  PowerPoint  QuickBooks

Other: \_\_\_\_\_

**ADDITIONAL INFORMATION** Use this space for any additional information you think would help us evaluate your application, including training seminars, workshops, and special achievements or specialized skills:

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE** If you are attaching or have sent a resume, you do not need to complete this section

<b>Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
City / State:	# of employees you supervised:
Phone:	Equipment used:
Type of Business:	Reason for leaving:
Start / End Salary:	
Start / End Employment Dates:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<b>Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
City / State:	# of employees you supervised:
Phone:	Equipment used:
Type of Business:	Reason for leaving:
Start / End Salary:	
Start / End Employment Dates:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<b>Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
City / State:	# of employees you supervised:
Phone:	Equipment used:
Type of Business:	Reason for leaving:
Start / End Salary:	
Start / End Employment Dates:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

**MISCELLANEOUS**

For purpose of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No *Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.*

- **Have you ever been convicted of a felony or misdemeanor?**  Yes  No  
If yes, in what state? \_\_\_\_\_ Describe: \_\_\_\_\_
- **When will you be available to start work?** \_\_\_\_\_

I hereby certify that all entries on both sides and attachments are true and complete. I agree and understand that any falsifications of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Legacy Electrical Services, Inc. I understand that all information on this application is subject to verification and I consent to a criminal history background check and drug testing prior to employment.

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**Date** **Applicant's Signature**