



CENTRAL CALIFORNIA
 CONTR LIC#: 662541
 4520 STINE ROAD, STE. 7
 BAKERSFIELD, CA 93313
 BUS: (661) 833-1902
 FAX: (661) 833-4008
 http://WWW.ESYS.US

Received:

POSITION APPLYING FOR::	DATE::
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Personal Data

NAME: FIRST _____, LAST _____ MIDDLE _____		
CURRENT ADDRESS:		
CITY:	STATE:	ZIP:
COUNTRY (IF NOT USA):		
HOME PHONE:	MOBILE PHONE:	FAX NUMBER:
REFERRED BY:		
Email Address:		
IN CASE OF EMERGENCY NOTIFY:		
NAME	ADDRESS	PHONE

Employment Data

DATE YOU CAN START(mm/dd/yyyy)	DESIRED HOURLY RATE
CURRENTLY EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No	MAY WE CONTACT YOUR EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU APPLIED WITH ESYS BEFORE: <input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN (mm/dd/yyyy):
SOCIAL SECURITY NUMBER - -	

Education Data

[*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.]

Highest K-12 grade completed?	Name of school	Location (Enter City, State)	Year graduated/GED
			Enter mm/yyyy

Other Education: College or University courses, business or trade schools, correspondence courses, work training programs.

Name of school or organization	Graduated	Yr. Graduated	Degree	Major Subject
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

SUBJECTS OF SPECIAL STUDY/RESEARCH: _____

General Data

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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[Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and/or a skill and agility tests.]

If not, please explain:

US MILITARY SERVICE? <input type="checkbox"/> Army <input type="checkbox"/> Navy		HIGHEST RANK?	Active in the Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Mrch. Marines			
What Foreign Languages do you speak?:			
<input type="checkbox"/> SPANISH <input type="checkbox"/> ARABIC <input type="checkbox"/> GERMAN <input type="checkbox"/> FRENCH <input type="checkbox"/> RUSSIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> English (ESL)			

Do you have a valid state driver's license? Yes No
 If position requires a driver's license and DMV report, you will need to provide detail in the following section.

Lic. I.D. Number:	Issuing State:	Expiration Date: (mm/dd/yyyy):
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Work History** List all jobs you have held in the last ten years, starting with present employer. Include active military service if applicable Account for any gaps in employment

Dates	Mo.	Yr.	Name and address of Employer: <small>(Enter Company Name, Address, City, State, Zip)</small>	Title of Position:
From:				Reason for leaving:
To:				Duties:
Full Time <input type="checkbox"/>				Phone #:
Part Time <input type="checkbox"/>				
Hourly Pay:	Name and Title of Supervisor:			
Lowest \$				
Highest \$				
Dates	Mo.	Yr.	Name and address of Employer: <small>(Enter Company Name, Address, City, State, Zip)</small>	Title of Position:
From:				Reason for leaving:
To:				Duties:
Full Time <input type="checkbox"/>				Phone #:
Part Time <input type="checkbox"/>				
Hourly Pay:	Name and Title of Supervisor:			
Lowest \$				
Highest \$				
Dates	Mo.	Yr.	Name and address of Employer: <small>(Enter Company Name, Address, City, State, Zip)</small>	Title of Position:
From:				Reason for leaving:
To:				Duties:
Full Time <input type="checkbox"/>				Phone #:
Part Time <input type="checkbox"/>				
Hourly Pay:	Name and Title of Supervisor:			
Lowest \$				
Highest \$				
Dates	Mo.	Yr.	Name and address of Employer: <small>(Enter Company Name, Address, City, State, Zip)</small>	Title of Position:
From:				Reason for leaving:
To:				Duties:
Full Time <input type="checkbox"/>				Phone #:
Part Time <input type="checkbox"/>				
Hourly Pay:	Name and Title of Supervisor:			
Lowest \$				
Highest \$				

**All information will be verified

REFERENCES:

(Provide the names of at least three persons, not related; whom you have known a minimum one year.)

	NAME	PHONE	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				
4.				

Applicant Authorization and Consent: (all boxes must be checked)

By checking here, I certify that I have read and understand the following statements.

I understand that neither this application nor any communication by Esys® The Energy Control Company representative is intended to create or creates a contract of employment. I understand that employment with Esys® may be terminated at any time at the option of either Esys® or myself.

I authorize the release of information to Esys® from any sources necessary to confirm my eligibility for hire including, but not limited to, the following:

- a. schools regarding academic records;
- b. past and present employers regarding employment;
- c. Law Enforcement agencies regarding criminal history record;
- d. the Department of Motor Vehicles regarding driving record;
- e. American Safety regarding pre-employment physical examination and/or drug testing (after accepting a conditional offer of employment);
- f. as well as credit agencies, personal references, and listed or unlisted membership affiliations.

I release and hold harmless Esys® and any sources that provide information to Esys® from any and all liability whatsoever resulting from such information. (Note: California state law provides immunity from civil liability to any employer who acts in good faith to furnish such information.)

I understand and agree that as a further condition of employment, I will submit, at no personal expense, to an examination by a physician selected by Esys®, prior to being employed, and/or at any time job requirements dictate, and at any time designated by Esys® under its Drug-and-Alcohol Free Workplace Policy.

I certify that all information I have provided in this application is complete and true to the best of my knowledge. I understand that, if I am hired by Esys®, the discovery of any misrepresentation or the omission of the facts in this application will be cause for my immediate dismissal.

I agree to above statements Applicant Signature: _____

Esys® is an Equal Opportunity Employer. This form has been designed to comply with State and Federal fair employment practice laws prohibiting employment discrimination.

For Office Use Only

Interviewed By:		Date:		Remarks:					
Hire Date:		For Dept.:		Position:		Supervisor:		Beginning Salary	