ILLUMINATI 952 Postal Way, Suite 7 Vista, CA 92083

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EMPLOYMENT APPLICATION

License: C10-980394

Position desired (check)		Foreman□	Journeyman	Apprentice	Clerical	
SS#						
Last Name						
First					Mid. Initial	
Address						
City				State		
Zip			-			
Home Ph	()		-			Extension
Work Ph	()		-			
Other	()		- [Office Use Only
					Ma	nager
					Rev	riewed by:
				ND TRAINING		

List below the Education and Training you have had that would help you meet the requirements of this position.

Name and Location of High School, Technical Training, College, University, or	Course or Program of	No. of	Credits	Degree or
Sponsoring Organization	Study	Sem.	Qtr	Certificates
1.				
2.				
3.				

EMPLOYMENT HISTORY

Instructions: Beginning with your present or most recent job, describe your work experience (paid or Volunteer), which is relevant to the position for which you are applying. The information provided on this Application form (and any additional employment history which may be attached) will be used to determine if You meet the minimum qualifications for the position. Resumes **may be submitted but will not be Considered as a substitute for this form.**

Job Title:		Employer:				
Supervisor:		Address:				
Telephone:		City/State:				
Starting Date:	Ending Date:	Starting Salary: Ending Salary:				
Average #of hours worked	d per week:	May we contact this employer? — Yes — No				
Duties and Responsibilities	3:					
Reason for Leaving:						
Job Title:		Employer:				
Supervisor:		Address:				
Telephone:		City/State:				
Starting Date:	Ending Date:	Starting Salary: Ending Salary:				
Average# of hours worked	d per week:	May we contact this employer? Yes No				
Duties and Responsibilities	5:					
Reason for Leaving:						
Job Title:		Employer:				
Supervisor:		Address:				
Telephone:		City/State:				
Starting Date:	Ending Date:	Starting Salary: Ending Salary:				
Average# of hours worked		May we contact this employer? Yes No				
Duties and Responsibilities	3 :					
Reason for Leaving:						

Job Title:	Employer:
Supervisor:	Address:
Telephone:	City/State:
Starting Date: Ending Date:	Starting Salary: Ending Salary:
Average# of hours worked per week:	May we contact this employer? Yes No
Duties and Responsibilities:	
Reason for Leaving:	
LL Total	Translation.
Job Title:	Employer: Address:
Supervisor:	
Telephone:	City/State:
Starting Date: Ending Date:	Starting Salary: Ending Salary:
Average #of hours worked per week: Duties and Responsibilities:	May we contact this employer?
Reason for Leaving: Additional comments or qualifications	
My signature affirms that I release from liabilit information regarding me or my previous emplo iability which may result from making any inves	RENCE- NO HIRE POLICY**
Signature:	Date: