



DO NOT WRITE IN THIS SPACE

DATE SUBMITTED

INTERVIEWED BY

PERSONAL HISTORY DATA: Answer ALL questions. Application must be complete to receive consideration. If an item does not apply, write NA in the blank. PRINT IN INK.			SKILL DATA: LIST ALL SHOP MACHINERY AND EQUIPMENT, OFFICE MACHINES, TEST EQUIPMENT, COMPUTERS OR SPECIAL DEVICES, INCLUDE SOFTWARE AND COMPUTER PROGRAMMING LANGUAGE.			
LAST NAME	FULL FIRST NAME	FULL MIDDLE NAME	EQUIPMENT/COMPUTER PROGRAMS/SPECIALIZED SKILLS	MONTHS EXPERIENCE	EQUIPMENT/COMPUTER PROGRAMS/SPECIALIZED SKILLS	MONTHS EXPERIENCE
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS				
ADDRESS						
CITY, STATE, ZIP + 4 DIGITS						
TELEPHONE NUMBERS WITH AREA CODES						
HOME	OFFICE	CELL				
LIST ANY RELATIVES EMPLOYED BY CBS, (INCLUDING BY MARRIAGE)						
HAVE YOU PREVIOUSLY FILED AN EMPLOYMENT APPLICATION AT CBS?			IF APPLICABLE, DO YOU OWN TOOLS FOR THE TRADE			YES ()
YES () NO ()						NO ()
IF YES, INDICATE DATE			WERE YOU INTERVIEWED			
EMPLOYEE DATES AT CIRCUIT BREAKER SALES		JOB TITLE		LOCATION		SUPERVISOR
MILITARY SERVICE DATA: IF YOU HAVE MILITARY SERVICE YOU WILL BE REQUIRED TO PROVIDE GOVERNMENT FORM DD214 OR OTHER TERMINATION RECORD.						
BRANCH: _____						DATE OF DISCHARGE
REGULAR _____ RANK AT DATE OF DISCHARGE _____ DATES OF SERVICE: FROM _____ TO: _____						TYPE OF DISCHARGE
RESERVE _____ RANK AT DATE OF DISCHARGE _____ DATES OF SERVICE: FROM _____ TO: _____						
NATIONAL GUARD _____ RANK AT DATE OF DISCHARGE _____ DATES OF SERVICE: FROM _____ TO: _____						

CIRCUIT BREAKER SALES CO., INC - APPLICATION CONTINUED

CIRCUIT BREAKER SALES CO., Inc.



NAME: _____
 DATE: _____

EDUCATIONAL DATA: INFORMATION PROVIDED WILL BE VERIFIED								
NAME OF HIGH SCHOOL	CITY	STATE	LAST HIGH SCHOOL GRADE COMPLETED	DATE COMPLETED GRADUATION OR OBTAINED GED (MM/YY)				
ACCREDITED COLLEGE OR UNIVERSITY ATTENDED		ADDRESS/CITY/STATE/ZIP		DATES ATTENDED FROM-TO (MM/YY)	DEGREE	MAJOR	DEGREE RECEIVED	OVERALL GPA
							<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	
OTHER EDUCATIONAL /TECH SCHOOL OR TRAINING (INCLUDING MILITARY/TECHNICAL TRAINING/IN-HOUSE)		CITY/STATE	TYPE OF TRAINING			DATE(S) ATTENDED FROM - TO	CERTIFICATE OF COMPLETION OR DIPLOMA RECEIVED	
LIST FOREIGN LANGUAGE SKILLS (INCLUDING AND/OR SIGN LANGUAGE FOR THE DEAF). INDICATE PROFICIENCY LEVEL FOR SPEAKING, READING OR WRITING.				HAVE YOU REGISTERED WITH AN EMPLOYMENT SERVICE? () YES () NO IF YES, GIVE NAME AND ADDRESS _____ DID THEY REFER YOU TO CIRCUIT BREAKER SALES? () YES () NO				
LIST ANY PROFESSIONAL OR TRADE LICENSES HELD, REGISTRATION NUMBERS AND EXPIRATION DATE () YES () NO YOU ARE REQUIRED TO PROVIDE ORIGINAL DOCUMENT				DATE AVAILABLE FOR WORK		SALARY REQUIRED		
CAN YOU READ SCHEMATICS? <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> NA		CAN YOU READ BLUE PRINTS? <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> NA		INDICATE BELOW HOW YOU HEARD OF THIS POSITION				
<input type="checkbox"/> MACHINERY		<input type="checkbox"/> MACHINERY		<input type="checkbox"/> CBS WEB SITE <input type="checkbox"/> CBS EMPLOYEE		_____		
<input type="checkbox"/> CONSTRUCTION OR BUILDING		<input type="checkbox"/> CONSTRUCTION OR BUILDING		<input type="checkbox"/> NEWS PAPER <input type="checkbox"/> AGENCY		_____		
				<input type="checkbox"/> INTERNET SITE <input type="checkbox"/> OTHER		_____		

EMPLOYEE HISTORY DATA



NAME: _____
 DATE: _____

We want to give you full credit for your education, military, work and compensation/salary history as it applies. Be aware Circuit Breaker Sales intends to verify all information on your application. Falsification or omission of information could lead to a disciplinary action up to or including termination.

ALL periods of employment, military service and unemployment are to be listed. Start with the present and work backwards for a minimum of 10 years or until commencement of your first position (whichever is sooner). You must account for all periods over one month. Describe all work duties and responsibilities in detail. List computer skills, machines operated, tolerances held, materials used, installation work, whether or not you worked with blue prints, hand tools used, job titles held, and approximate time spent on each job. **If employment was with a job shopper company or temporary agency or consultant, show the company as employer, not where you were assigned. Give your base rate of pay first.** Other compensation such as bonuses, incentives, overtime or other payments may then be listed separately. Attach extra pages in necessary.

ARE YOU CURRENTLY EMPLOYED? () Yes () No

MAY WE CONTACT YOU PRESENT EMPLOYER? () Yes () No

(YOUR EMPLOYER WILL NOT BE CONTACTED PRIOR TO EMPLOYMENT WITHOUT YOUR WRITTEN CONSENT)

DATE	EMPLOYER	JOB TITLES	DUTIES IN DETAIL- SEE INSTRUCTIONS ABOVE" (DO NOT LIST "SEE RESUME")	LIST BASE PAY RATE	SEPARATION REASON
PRESENT OR MOST RECENT JOB FROM MO___ YR___ TO MO___ YR___	COMPANY				<input type="checkbox"/> LAID OFF
	ADDRESS				<input type="checkbox"/> TERMINATED
	CITY/STATE ZIP + 4 Dgts				<input type="checkbox"/> QUIT
	SUPERVISOR Phone #				<input type="checkbox"/> RETIRED
PREVIOUS EMPLOYER FROM MO___ YR___ TO MO___ YR___	COMPANY				<input type="checkbox"/> LAID OFF
	ADDRESS				<input type="checkbox"/> TERMINATED
	CITY/STATE ZIP + 4 Dgts				<input type="checkbox"/> QUIT
	SUPERVISOR Phone #				<input type="checkbox"/> RETIRED
PREVIOUS EMPLOYER FROM MO___ YR___ TO MO___ YR___	COMPANY				<input type="checkbox"/> LAID OFF
	ADDRESS				<input type="checkbox"/> TERMINATED
	CITY/STATE ZIP + 4 Dgts				<input type="checkbox"/> QUIT
	SUPERVISOR Phone #				<input type="checkbox"/> RETIRED

I herby certify that all information given is true and correct and that no attempt has been made to conceal or misrepresent information.

SIGNATURE: _____

DATE: _____

EMPLOYEE HISTORY DATA-CONTINUED



NAME: _____
 DATE: _____

ARE YOU CURRENTLY EMPLOYED? (Yes) No

MAY WE CONTACT YOU PRESENT EMPLOYER? () Yes) No

(YOUR EMPLOYER WILL NOT BE CONTACTED PRIOR TO EMPLOYMENT WITHOUT YOUR WRITTEN

AUTHORIZATION)

GIVE **NAMES, COMPLETE HOME ADDRESSES (STREET CITY, STATE AND ZIP) AND PHONE NUMBERS** OF AT LEAST THREE (3) PROFESSIONAL REFERENCES, TWO (2) OF WHICH SHOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE JOB FOR WHICH APPLYING (STATE NUMBER OF YEARS KNOWN)-DO NOT USE RELATIVES AS REFERENCES. SHOW WORK PHONE NUMBER WHEN POSSIBLE.

PROFESSIONAL REFERENCES

NAME	YEARS	NAME	YEARS	NAME	YEARS
ADDRESS		ADDRESS		ADDRESS	
CITY/STATE		CITY/STATE		CITY/STATE	
ZIP		ZIP		ZIP	
PHONE		PHONE		PHONE	

GIVE **NAMES, COMPLETE HOME ADDRESSES (STREET CITY, STATE AND ZIP) AND PHONE NUMBERS** OF AT LEAST THREE (3) PERSONAL REFERENCES, TWO (2) OF WHICH SHOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE JOB FOR WHICH APPLYING (STATE NUMBER OF YEARS KNOWN)-DO NOT USE RELATIVES AS REFERENCES. SHOW WORK PHONE NUMBER WHEN POSSIBLE.

PERSONAL REFERENCES

NAME	YEARS	NAME	YEARS	NAME	YEARS
ADDRESS		ADDRESS		ADDRESS	
CITY/STATE		CITY/STATE		CITY/STATE	
ZIP		ZIP		ZIP	
PHONE		PHONE		PHONE	

I hereby certify that all information given is true and correct and that no attempt has been made to conceal or misrepresent information.

SIGNATURE: _____

DATE: _____