



CHAMBERS ELECTRIC L.L.C.

P.O. Box 33113 Amarillo, Texas 79120

Telephone: (806) 373-2600

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

INSTRUCTIONS: **PRINT** legibly, **DO NOT** leave any space blank or unchecked, list **ALL** work experience related to the job for which you are applying, if more space is necessary to describe or list your work experience ask for the “**Work Experience Supplement**” page.

Notice: Resumes are accepted but not considered a part of the application process.

Date: ___ / ___ / ___ Position(s) Applied for: Date available for work ___ / ___ / ___

Last Name

First Name

Middle Name

Address: *Number* *Street* *City* *State* *Zip Code*

Telephone Number(s): *Email address:* *Social Security Number:*

Are you currently a Texas Licensed Journeyman Electrician? YES NO

If yes, give License Number: _____ if No, Apprentice License No. _____

How did you learn about us? Advertisement Friend Relative

Inquiry Employment Agency Other _____

Best time(s) to contact you at home is:

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO

If yes, give date: _____

EDUCATION

School	Name and address Of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate Professional				
Vocational/ Technical				

WORK EXPERIENCE

INSTRUCTIONS: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer I	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer II	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer III	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer IV	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer V	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer VI	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or any other protected status:

Additional Information

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills

(Skills / Equipment Operated)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Category Cablin | <input type="checkbox"/> Fiber Optic Cabling | <input type="checkbox"/> Controls/Relay Logic | <input type="checkbox"/> Controls/Digital |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Trencher | <input type="checkbox"/> Bobcat |
| <input type="checkbox"/> Rigid 535 | <input type="checkbox"/> Rigid 300 | <input type="checkbox"/> Greenlee 555 | <input type="checkbox"/> Greenlee 855 |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Oxygen/Acetylene Torch | <input type="checkbox"/> Transit | <input type="checkbox"/> Cable Tugger |
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Word Processor |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Power Point |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Microsoft Project | <input type="checkbox"/> Microsoft Access | |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Typewriter | | |
| WPM _____ | WPM _____ | | |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

Personal/Professional References

Do not include Family Members or Past Supervisors.

Name	Phone Number(s)	Best Time to Call	Occupation
1.			
2.			
3.			
4.			
5.			

AGREEMENT

(PLEASE READ CAREFULLY)

Your interest in Chambers Electric LLC is appreciated. We comply with State and Federal law regarding equal employment opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship status, age, or disability if otherwise qualified with or without reasonable accommodation.

Applications are kept on file for six (6) months. However, if you have not been hired within three (3) months of the date of your application, you must re-file if you are to be considered for future employment.

Chambers Electric LLC is an equal employment opportunity employer. Federal law prohibits discrimination practices because of race, color, religion, sex, national origin, citizenship status, age or disability if otherwise qualified with or without reasonable accommodation. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, citizenship status, age or disability.

I certify that all information given by me in this application, during the interview process or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize that this Company or its agent may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I authorize the person or organization references on this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage that may result from furnishing such information to this Company.

It is agreed and understood that this application for employment in no way obligates the Company to hire me. If employed, I agree and understand that my employment is for no definite duration, and may be terminated at will by the Company or me. It is agreed and understood by me that participation in any of the benefit programs of the Company does not create a contract of employment for a definite period of time. Additionally, the Employment Handbook or other statements of Company policy is not a contract and cannot create a contract of employment for a definite period of time. Additionally, the Employment Handbook or other statements of Company policy is not a contract and cannot create a contract of employment for a definite period of time. I agree and understand that only the Principal Member has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

In the event of my employment, any Company materials entrusted to me during the course of my employment will be returned to the Company on the last day of my employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation any matters affecting or relating to the business of the Employer, including without limiting the generality of the foregoing, its services, its manner of operation, its plan, and any other "proprietary information". I understand that I will be required to sign a confidentiality/conflict of interest statement consistent with this paragraph as a condition of employment.

I agree and understand that should the Company loan me any money or property during the course of my employment and that said loan is not paid off or property is not returned prior to the termination of my employment with the Company, the Company may deduct money from my final pay to the extent allowed by law, and I will remain responsible for paying off the remainder of said amount immediately.

I agree and understand that if I am employed, I must abide by all the existing Company policies, rules, and procedures established by the Company from time to time, which includes but is not limited to substance testing.

This certifies that I completed this application, and that all entries on it and information in it are true and complete, to the best of my knowledge. I further understand that misrepresentations as to pre-existing physical or mental condition may void my workers' compensation benefits.

Email your completed application to service_coordinator@chamberselec.com

Signature of Applicant _____

Print Your Name _____