

Application for Employment

Personal Information:

Name		S	ocial Security No	
Phone #	Cell Phone #	Ema	ail	
Present Address				
Apartment No	City	State	Zip Code	
**************************************			**********	
Apartment No	City	State	Zip Code	

Apartment No	_City	State	Zip Code	
Emergency Contact (Name) _			(Phone #)	
Are you 18 years or older? ■Yes □ No Are you legally authorized to work in the U.S. ■ Yes □ No				
Desired Employment:				
Position	Da	ate you can start	Salary Desired	
Are you employed now? ☐ Yes ☐ No If so, may we inquire your present employer? ☐ Yes ☐ No				
Ever applied to this company	before? □Yes	☐ No Where?_	When?	
Reason for leaving				
Name of last supervisor at th	is company			
How did you find out about t	his position?			



Education:			
High School			
Name and Location			
No. of years attended	Did you graduate?	Subjects studied _	
College			
Name and Location			
No. of years attended	Did you graduate?	Subjects studied _	
Trade, Business, or Correspond	dence School		
Name and Location			
No. of years attended	Did you graduate?	Subjects studied	
General:	saarah wark		
Subjects of special study or res	search work		
Special training, certifications,	licenses		
Special skills, foreign language			
Former Employers: Below, list your last three en	mployers starting with	the most recent.	
Name of present or last emplo	oyer		
Address	City	State	_Zip Code
Starting Date	_Leaving Date	Job Title	



Starting Salary	Final Salary	May we contact your sup	ervisor? □ Yes □ No
Name of supervisor		Title	Phone #
Description of work			
Reason for leaving			
*******	*******	********	*******
Name of previous emplo	oyer		
Address	City	State	Zip Code
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May we contact your sup	ervisor? □ Yes □ No
Name of supervisor		Title	Phone #
Description of work			
Reason for leaving			
******	*******	********	*******
Name of previous emplo	oyer		
Address	City	State	Zip Code
Starting Date	Leaving Date	Job Title	
		May we contact your sup	
Name of supervisor		Title	Phone #
Description of work			
Reason for leaving			



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List three professional references whom we may contact.

1.	Name	_Address
	Business Name	Phone #
2.	Name	_Address
	Business Name	Phone #
3.	Name	_Address
	Business Name	Phone #
Service	e Record:	
Have yo	ou ever served in the U.S. armed force	es? Yes No Branch of Service
Dischar	ge Date	Rank



Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information."

"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature	Date
<u> </u>	



AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the spanecessary for completion of the application	ace provided below. Your written authorization is ition process.
Solutions, LLC dba DWS Energy to invest of evaluating whether I am qualified for that DWS Energy may utilize an outside and I specifically authorize such an investigation of the company's choice. I also understant	, hereby authorize Diversified Wiring tigate my background and qualifications for purposes the position for which I am applying. I understand firm or firms to assist it in checking such information estigation by information services and outside entities and that I may withhold my permission and that in he, and my application for employment will not be
Signature of Applicant	Date
Applicant's Name – Printed	

To apply please submit your resume and this application to careers@dwsenergy.com.

The HR department will reach out with further details regarding the position.

Thank you for your interest in DWS Energy!