

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Position Applying For: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Citizenship/Work Status: US Citizen \_\_\_ Permanent Residency \_\_\_ Work Permit/Visa \_\_\_

Current Employer: \_\_\_\_\_

Years of Work Experience (directly related to the position you are applying for): \_\_\_\_\_

Employment Type Desired: Full-Time \_\_\_ Part-Time \_\_\_

Desired Compensation: \$ \_\_\_\_\_ Hourly \_\_\_ Annual \_\_\_

Other Compensation Desired: \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	# OF YEARS/ COMP. DATE	MAJOR/ DEGREE/CERT.
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
TRADE/ PROFESSIONAL				

## CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor (besides traffic violations)? No \_\_\_ Yes \_\_\_

If yes, please explain and attach any relevant documentation: \_\_\_\_\_

## DRIVERS LICENSE INFORMATION

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

If no, do you have reliable transportation to work (please explain)? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Is this a commercial license? Yes \_\_\_ No \_\_\_ If yes, type: \_\_\_\_\_

If no, are you willing to get a commercial license? Yes \_\_\_ No \_\_\_

Do you have a clean driving record? Yes \_\_\_ No \_\_\_

List any moving violations and/or accidents in the last 3 years: \_\_\_\_\_

## MILITARY SERVICE

Have you ever been in the Armed Forces? Yes \_\_\_ No \_\_\_ If yes, Branch: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Are you currently a member of the National Guard or Reserves? Yes \_\_\_ No \_\_\_

## WORK EXPERIENCE

Please list your work experience for the past 5 years, beginning with your most recent job. Attach additional sheets if necessary, providing a detailed résumé is helpful.

	Start Date: _____	End Date: _____
Name of Employer: _____	Phone: _____	
Address: _____		
Jobs held, duties performed, skills used/learned while working with this company: _____		
_____		
_____		
Specific Reason for Leaving: _____		
May we contact this employer? Yes ___ No ___ Last Supervisor: _____		

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Jobs held, duties performed, skills used/learned while working with this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_ Last Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Jobs held, duties performed, skills used/learned while working with this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_ Last Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Jobs held, duties performed, skills used/learned while working with this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_ Last Supervisor: \_\_\_\_\_

## ELECTRICAL INDUSTRY SKILL

Select ONLY the specific industry skills that you consider yourself to be very knowledgeable about with a high level of competency. Select all that apply.

What types of systems have you worked with?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Climate Control | <input type="checkbox"/> Hydraulic Systems       | <input type="checkbox"/> Mechanical Systems |
| <input type="checkbox"/> Data            | <input type="checkbox"/> HVAC                    | <input type="checkbox"/> Medium Voltage     |
| <input type="checkbox"/> Elevators       | <input type="checkbox"/> Lighting Controls       | <input type="checkbox"/> Overhead Cranes    |
| <input type="checkbox"/> Fire Systems    | <input type="checkbox"/> Low Voltage             | <input type="checkbox"/> Power Distribution |
| <input type="checkbox"/> High Voltage    | <input type="checkbox"/> Manufacturing Equipment | <input type="checkbox"/> Radio Frequency-RF |

What types of wiring have you worked with?

- |                              |                                 |                                      |                                |
|------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> 120 | <input type="checkbox"/> 480    | <input type="checkbox"/> Coax        | <input type="checkbox"/> Phone |
| <input type="checkbox"/> 240 | <input type="checkbox"/> Cat5/6 | <input type="checkbox"/> Fiber Optic |                                |

What specific parts, accessories, or fixtures have you worked with?

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 3-Way Switches     | <input type="checkbox"/> Dimmer Switches    | <input type="checkbox"/> LED's           | <input type="checkbox"/> Relays        |
| <input type="checkbox"/> AC                 | <input type="checkbox"/> Electric Meter     | <input type="checkbox"/> Load Centers    | <input type="checkbox"/> Service Box   |
| <input type="checkbox"/> Attic/Exhaust Fans | <input type="checkbox"/> Fluorescent Lights | <input type="checkbox"/> Motor Controls  | <input type="checkbox"/> Switchgears   |
| <input type="checkbox"/> Ceiling Fans       | <input type="checkbox"/> Fuse Box           | <input type="checkbox"/> Motors          | <input type="checkbox"/> Terminals     |
| <input type="checkbox"/> Circuit Breakers   | <input type="checkbox"/> Fuses              | <input type="checkbox"/> Panel Boards    | <input type="checkbox"/> Transformers  |
| <input type="checkbox"/> Conduit Pipe       | <input type="checkbox"/> Generators         | <input type="checkbox"/> Photo Controls  | <input type="checkbox"/> Wall Switches |
| <input type="checkbox"/> Conduit Tubing     | <input type="checkbox"/> GFCI's             | <input type="checkbox"/> PLC's           |  |
| <input type="checkbox"/> Control Panel      | <input type="checkbox"/> Halogen Lighting   | <input type="checkbox"/> Receptacles     |  |
| <input type="checkbox"/> DC                 | <input type="checkbox"/> Knob & Tube        | <input type="checkbox"/> Recessed Lights |  |

What applications do you have experience with?

- |                                      |                                     |                                    |  |
|--------------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Industrial | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Multi-Family        |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Government | <input type="checkbox"/> Schools   | <input type="checkbox"/> Maintenance Company |

What job duties have you performed?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Activity Reporting     | <input type="checkbox"/> Excavation           | <input type="checkbox"/> Operating Power Tools    |
| <input type="checkbox"/> Appliance Installation | <input type="checkbox"/> Fabricating          | <input type="checkbox"/> Parking Lot Lights       |
| <input type="checkbox"/> Assembling             | <input type="checkbox"/> Field Supervision    | <input type="checkbox"/> Plans                    |
| <input type="checkbox"/> Budgeting              | <input type="checkbox"/> Foreman              | <input type="checkbox"/> Policies & Procedures    |
| <input type="checkbox"/> Building Codes         | <input type="checkbox"/> Forwarding Companies | <input type="checkbox"/> Preventative Maintenance |
| <input type="checkbox"/> Carpentry              | <input type="checkbox"/> General Construction | <input type="checkbox"/> Production               |
| <input type="checkbox"/> Change Orders          | <input type="checkbox"/> Goal Setting         | <input type="checkbox"/> Project Management       |
| <input type="checkbox"/> Client Interaction     | <input type="checkbox"/> Hand Signals         | <input type="checkbox"/> Punch List               |
| <input type="checkbox"/> Cold Calling           | <input type="checkbox"/> Inspections          | <input type="checkbox"/> Purchase Order           |
| <input type="checkbox"/> Computer Literate      | <input type="checkbox"/> Install Conduit      | <input type="checkbox"/> Quality Assurance        |
| <input type="checkbox"/> Conduit Benders        | <input type="checkbox"/> Inventory            | <input type="checkbox"/> Rewire Structures        |
| <input type="checkbox"/> Connecting Wires       | <input type="checkbox"/> Journeyman           | <input type="checkbox"/> Rough-In                 |
| <input type="checkbox"/> Contract Proposal      | <input type="checkbox"/> Layout               | <input type="checkbox"/> Safety Protocol          |
| <input type="checkbox"/> Customer Service       | <input type="checkbox"/> LED/Power Supply     | <input type="checkbox"/> Schematics               |
| <input type="checkbox"/> Data Entry             | <input type="checkbox"/> Machine Operator     | <input type="checkbox"/> Service Upgrades         |
| <input type="checkbox"/> Design/Build           | <input type="checkbox"/> Maintenance          | <input type="checkbox"/> Small Engine Maintenance |



## PROFESSIONAL REFERENCES

Please list 3-4 people that you have worked with who can attest to your on-the-job experiences and performance.

Name: _____
Position: _____
Company: _____
Phone: _____
Email: _____

Name: _____
Position: _____
Company: _____
Phone: _____
Email: _____

Name: _____
Position: _____
Company: _____
Phone: _____
Email: _____

Name: _____
Position: _____
Company: _____
Phone: _____
Email: _____

## AGREEMENT

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Bright Solutions of Ohio, Inc. creates an actual or implied contract of employment. I understand that if I accept employment with Bright Solutions of Ohio, Inc., it will be on an at-will basis. This means that either Bright Solutions of Ohio, Inc., or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Bright Solutions of Ohio, Inc. I release Bright Solutions of Ohio, Inc. and its employees, plus other persons or companies, from any and all liability arising out of or related to any such testing.

I authorize Bright Solutions of Ohio, Inc. to investigate information concerning my education, licensing, certifications, driving records, criminal history, employment experiences, and all other aspects of my background relevant to my proposed employment. I release Bright Solutions of Ohio, Inc. and its employees, plus other persons or companies, from any and all liability arising out of or related to any such investigation.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Bright Solutions of Ohio, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment depends solely upon your qualifications.